

STUDENT HANDBOOK
SCHOOL-CLINICAL CHILD PSYCHOLOGY PROGRAM
(Revised: September 2019)

2019-2020
Yeshiva University
Ferkauf Graduate School of Psychology
School-Clinical Child Psychology Program
1165 Morris Park Avenue, Bronx, NY 10461
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<http://yu.edu/ferkauf/school-clinical-child-psychology/>

The Combined School-Clinical Child Psychology Program reserves the right to modify the content and procedures listed in the handbook at any time. Students are expected to abide by its guidelines and be knowledgeable of the information within this document. Students are expected to submit a signed statement of understanding to their program director no later than October 1, 2019. The statement of understanding is located on the last page of the Handbook.

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INTRODUCTION

The School-Clinical Child Psychology Program is a *Psychology Health Service Provider Program* that offers preparation for the Doctor of Psychology (Psy.D.) degree. “Psychologists are recognized as Health Service Providers if they are duly trained and experienced in the delivery of preventive, assessment, diagnostic and therapeutic intervention services relative to the psychological and physical health of consumers based on: 1) having completed scientific and professional training resulting in a doctoral degree in psychology; 2) having completed an internship and supervised experience in health care settings; and 3) having been licensed as psychologists at the independent practice level” (APA, 1996), (2011).

The program is accredited by the American Psychological Association as a Combined Clinical-School Psychology Program. (Office of Program Consultation and Accreditation American Psychological Association; 750 First Street NE; Washington DC 20002-4242 – Tel #: (202) 336 5979 - <http://www.apa.org/ed/accreditation/>). The last accreditation visit was in 2017. The Program received a ten-year full accreditation. The next site visit will occur in 2027. The program is also approved by the National Association of School Psychologists and is registered with the New York State Department of Education. The program provides basic and applied training that permits students to work across the lifespan in schools, mental health facilities, hospitals, medical centers, rehabilitation centers, early childhood centers and in developmental disabilities facilities.

1. After completing a 60-credit course of study specified by the program, a school psychology Externship and passing first and second year competency examinations, students earn a Masters of Science degree in School Psychology en route to the doctorate -. (See Appendix S for list of requirements.)
2. Students may apply for Provisional State Certification in School Psychology from NYS, NJ or CT contingent upon successfully completing their third or fourth year in the program. Students need a minimum of 500 hours on externships in schools, or school-based clinics or related facilities to meet the requirements for certification. The MS in School Psychology by itself is not sufficient to gain certification. The Program attests to NYS when a student has met requirements.
3. **Students are considered doctoral candidates after successfully completing two years in the program and**

passing the second-year competency examinations.

4. Students may apply for the Bilingual Extension to the Advanced Certificate in School Psychological Services after their fourth year.
5. Students are eligible to apply to take the NYS Psychology Licensing Examination upon graduation and completing a minimum of 1750 hours on internship.

The Program is designed for full time students without prior school psychology experience. The Program includes four years of didactic courses with integrated practica and Externships that are sequenced for complexity. The culminating educational experience is the full-time internship in the fifth year. The internship may be completed in schools, medical centers, mental health and developmental disabilities facilities, infant/early childhood centers or other sites approved by the program.

Students have access to relevant Albert Einstein College of Medicine facilities such as, the Children’s Evaluation and Rehabilitation Center at the Rose Kennedy Center for Excellence in Developmental Disabilities, the Early Childhood Center, the Fisher-Landau Center for Learning Disabilities and the Samuel Gottesman Library which are located on the same campus as the Ferkauf Graduate School of Psychology.

In addition to Dr. Melanie Wadkins, who is the Program Director, there are seven core faculty members with primary responsibilities within the programs. All core faculty members are licensed psychologists. Two faculty members are Nationally Certified School Psychologists. Adjunct faculty are hired to supplement the full-time staff according to particular program needs.

- Program’s Website address: <http://yu.edu/ferkauf/school-clinical-child-psychology/>
- Program’s Listserve: The Program has its own “by-invitation” only Listserve. Currently, more than 500 members including alumni, students and faculty use the listserv.
- The Program Director’s phone number is 646-592-4375 and her email address is: melanie.wadkins@yu.edu.

THE PROGRAM’S HISTORY

The School Psychology program at Yeshiva University began in 1964 under the direction of Dr. Lillian Zach who was primarily responsible for its design and orientation. From the late 1960's to the early 1970's, the program was awarded one of the first NIMH School Psychology training grants in the metropolitan area. At that time students were awarded the Ph.D. in School Psychology and were eligible for New York State Certification as a School Psychologist.

The School Psychology Psy.D. Program was developed in 1979 and received accreditation from the American Psychological Association in 1988. The New York State Board of Regents approved the granting of the degree of Doctor of Psychology (Psy.D.) in both School and Clinical Psychology in October 1980.

The School Psychology Program was considered to have two parallel training tracks, a five-year track for beginning students and a three-year track for certified school psychologists. The two tracks were separated in 1999. Subsequently, the three-year program closed and has not accepted any applicants since 2003.

The Five-year Track evolved into an independent program that was accredited (2003 and 2010) by the American Psychological Association as a Combined School-Clinical Psychology program. (The term, “track” is no longer applicable.) In 1996, the Program received approval from the New York State Department of Education to change its name from School Psychology to School-Clinical Child Psychology.

FERKAUF GRADUATE SCHOOL'S MISSION STATEMENT

Yeshiva University was founded on the principle that the best of the heritage of contemporary civilization - the liberal arts and social sciences - is compatible with the ancient traditions of Jewish law and life. At the graduate level of training, this mission is embodied in an emphasis on the moral dimensions of the search for knowledge and the ethical principles that govern professional practitioners. Yeshiva University is committed to the love of learning for its own sake and to teaching and research that stresses a striving for excellence. A third goal of the University is to serve the communities of the city, the nation and the world by preparing well-trained professionals in many fields and providing pioneering resources for community service.

The educational mission of the Ferkauf Graduate School of Psychology is to train highly qualified professional psychologists in the fields of clinical and school psychology for the Doctor of Psychology degree and to train skilled researchers in the fields of clinical health psychology for the Doctor of Philosophy degree. To these ends they receive training in the basic skills common to all psychologists and quality training in the specialty fields to prepare them to apply established knowledge toward prevention and intervention and to advance knowledge in those fields.

The Combined School-Clinical Child Psychology Psy.D. Program is one of three doctorate-granting programs at Ferkauf Graduate School. The others are: Clinical Psychology Psy.D. (APA-accredited) and Clinical Psychology with Health Emphasis Ph.D. (APA-accredited). The school also grants a Master's degree in Mental Health Counseling and a 60-credit Masters of Science in School Psychology.

The following sections on Nondiscrimination, Accommodations, Sexual Assault Prevention and Privacy Rights are copied from the Academic Catalog.

COMMITMENT TO NON-DISCRIMINATION

The complete non-discrimination and anti-harassment policy and complaint procedures can be accessed at: https://www.yu.edu/sites/default/files/legacy/uploadedFiles/Offices_and_Services/HR/Working_at_YU/policies/Non-DiscriminationAndAnti-HarassmentPolicy-October2015.pdf

Executive Summary (including Sexual Harassment, Sexual Abuse/Assault, Stalking, Domestic Violence and Dating Violence):

The following is a brief summary of the Policy. Please read the full Policy for more details, including definitions and examples of discrimination and harassment; complaint reporting procedures and guidelines; and the investigation and resolution processes.

- Yeshiva University prohibits discriminatory practices, harassment and sexual misconduct of any kind and in any form.
- Complaints may be made to the University's Title IX Coordinator, Security Department, Dean of Students, a member of the Unlawful Harassment Panel, Office of Human Resources, Office of the General Counsel or Confidential Compliance Hotline. Complaints also may be made to any other University personnel identified as "campus security authorities" including the Undergraduate Office of Student Life, Einstein Office of Student Affairs, Cardozo Office of Student Services and Advising, Undergraduate Office of University Housing and Residence Life, and Einstein Housing Office.
- There is no time limit on when a complaint can be made.
- No University employee may discourage an individual from making a complaint.
- Any University employee with any knowledge of a violation of the Policy must report the incident to the Title IX Coordinator, Security Department, Dean of Students, a member of the Unlawful Harassment

Panel, Office of Human Resources or Office of the General Counsel, even if the actual victim of such discrimination, harassment or sexual misconduct is not interested in filing a formal complaint.

- The University will respond to all complaints promptly, thoroughly, fairly and impartially.
- The University may take reasonable and prudent interim measures to protect the parties involved and the University community.
- Complaints of discrimination or harassment, as well as sexual abuse/assault, stalking, domestic violence and dating violence, will be overseen by the Title IX Coordinator, and a fair and impartial investigation will be commenced upon receipt of a complaint or upon receiving information which the University determines on its own warrants further investigation.
- The University expects all members of the University community to cooperate with investigations.
- Retaliation is prohibited against anyone who filed and/or participated in the investigation of a complaint, even if the complaint is unsubstantiated. Those who knowingly make a false report will be subject to serious disciplinary action.

Title IX Coordinator

Renee Coker, Director of Employee Relations & Equity Compliance Officer
 Belfer Educational Center for Health Sciences
 1300 Morris Park Avenue, Room 1206
 Bronx, New York 10461
 (718) 430 - 3771
 renee.coker@einstein.yu.edu

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

The Office of the Dean assists students with documented disabilities or medical conditions in obtaining reasonable accommodations. If you believe that you may need an accommodation, please make an appointment to meet with Associate Dean Michael Gill, Rousso Building room 119, 646-592-4373, as soon as possible to discuss your situation.

Students seeking reasonable accommodations should bear in mind that they are responsible for the following:

- Advising the Office of the Dean of the exact nature of the accommodation(s) desired
- Providing supporting documentation in a timely manner
- Submitting a Request for Reasonable Accommodations form and getting completed form back from the Program Director
- Discussing accommodation implementation with Professor and obtaining signature of Professor
- Returning completed form to the Program Director
- Meeting all academic responsibilities and deadlines, taking into account any agreed-upon accommodations
- Bringing any problems to the immediate attention of the Program Director
- No accommodations will be given retroactively.

Supporting documentation should be recent and come from an appropriate, licensed professional who is not a member of the student's family. The documentation must be dated, signed and on the letterhead of the professional. The documentation must be submitted to the Office of the Dean, along with the attached "Request for Accommodations" form. The adequacy of the documentation will be determined by Yeshiva University's Office of Disability Services, or by consultants whom the Office may engage. At times, additional documentation may be required. All documentation will be kept confidential as required by law.

In order to expedite a request and ensure that appropriate accommodations can be provided, students should be sure that

their documentation fulfills the requirements listed on the following pages.

- I. **For students with learning disabilities** (eval./documentation within past 3 years):
 - A. Identification of the tests administered as part of a psycho-educational evaluation;
 - B. The nature of the learning disability;
 - C. Description of the student's functional limitations in graduate school
 - D. Recommendations regarding reasonable accommodations to equalize the student's educational opportunities and the rationale for each recommendation.

- II. **For students with Attention Deficit Hyperactivity Disorder** (eval./documentation within past 3 years):
 - A. Assessment consisting of a history of symptoms, including evidence of ongoing impulsive, hyperactive or inattentive behavior that has significantly impaired functioning over time;
 - B. Identification of the tests administered as part of a psycho-educational evaluation (including standardized measures for inattention, hyperactivity and impulsivity, if possible);
 - C. Description of the student's functional limitations in graduate school
 - D. Recommendations regarding effective accommodations to equalize the student's educational opportunities and the rationale for each recommendation.

- III. **For students with physical, sensory and health-related disabilities:**
 - A. Specific diagnosis from professional; Including test results if relevant
 - B. Date of initial diagnosis and date of last in-person contact with the student;
 - C. Statement as to the "major life activities," impacted by the student's impairment(s) and level of severity;
 - D. Description of the student's functional limitations in graduate school
 - E. Recommendations regarding effective accommodations to equalize the student's educational opportunities and the rationale for each recommendation.

- IV. **For Students with psychiatric disorders**
 - A. Specific DSM diagnosis;
 - B. Instruments and procedures used to make the diagnosis;
 - C. Date of the diagnosis and date of last in-person contact with the student;
 - D. Description of the student's functional limitations in graduate school
 - E. Recommendations regarding effective accommodations to equalize the student's educational opportunities and the rationale for each recommendation.

Please feel free to meet with Dean Gill to discuss any questions or concerns that you may have regarding the requirements above.

See Appendix Q for Request for Reasonable Accommodations form

All syllabi contain the following statement regarding requests for accommodations:

Statement on Disability Accommodation Requests

Students with disabilities who are enrolled in this course and who will be requesting documented disability-related accommodations should register with the Office of Disability Services (<http://yu.edu/Student-Life/Resources-and-Services/Disability-Services/>), during the first week of class. Once you have been approved for accommodations, please contact the Program Director to ensure the successful implementation of those accommodations. Please discuss your approved accommodations with each faculty member within the first two weeks of school.

Students with disabilities may require additional time for taking tests and completing work in class. Unless efficiency

or speed is the essential skill that is being assessed, students may be allowed additional time for all exams, in-class quizzes, in-class writing assignments and labs. Based on the documentation submitted to DS, extended time is typically approved for one and one half the allotted time. **The extended time accommodation does not apply to take home exams.** Extended time ensures that a student's performance is reflective of his/her mastery of material rather than the speed at which a student performs.

If you have any questions or concerns about the implementation of your accommodations, please contact your Program Director as soon as possible.

SEXUAL ASSAULT PREVENTION

During the 1990 Legislative session, the New York State Legislature passed, and the Governor signed into law as Chapter 739 of the Laws of 1990, new requirements for colleges and universities regarding campus security. The law requires each college to provide specific information to incoming students about sexual assault prevention, the legal consequences of sex offenses, the college's policies, available counseling and support services and campus security procedures.

The college provides educational programs to promote the awareness of sex offenses and the availability of victim counseling services. The college urges any victim to report the crime to both the Security and Safety Department (718) 430-2180, 24-hour emergency phone (212) 960-5330, and the Police Department. It should be noted that notification to the Police Department is solely the option of the victim and the college will support that decision. It is imperative that the victim make every attempt to preserve any evidence of the crime for later prosecution. Student victims have the option to change academic schedules and/or on-campus residence hall assignments, if such changes are reasonably available. College disciplinary action will be taken for any such offense by college employees or students. During this action, the accuser and the accused are entitled to the same opportunities to have others present during the proceeding. The accuser and the accused must be informed of the outcome (final determination with respect to the alleged sex offense and any sanction that is imposed against the accused) of any college disciplinary proceeding. If the accused is a student, the sanction may include the suspension or expulsion of the accused.

Compliance with this procedure does not constitute a violation of the Family Educational Rights and Privacy Act (FERPA).

PRIVACY RIGHTS

FERPA

Yeshiva University has adopted regulations to protect the privacy rights of its students under the Family Educational Rights and Privacy Act (FERPA) of 1974. Among its several purposes, FERPA was enacted to:

- Protect the privacy of students' educational records;
- Establish the rights of students to inspect and review their educational records;
- Provide students with an opportunity to allow inaccurate or misleading information in their educational records to be corrected.

Please visit the Office of the Registrar or its website (www.yu.edu/registrar) to obtain the Yeshiva University FERPA Policy Statement.

HIPAA

In line with HIPAA regulations concerning protected health information, it is important that you understand that any case information you present from your work will need to be de-identified, unless authorized by the client. This means that any information that would allow another to identify the person must be changed or eliminated. This includes obvious information like names and birth dates but may also contain other protected health information that is so

unique to that person that it would allow for identification. This includes diagnosis, race/ethnicity, or gender. If diagnosis, race/ethnicity, or gender is directly related to the case presentation, it can be included if it will not allow for identification.

The following individually identifiable data elements, when combined with health information about that individual, make such information protected health information (PHI):

- Names
- All geographic subdivisions smaller than a state
- All elements of dates (except year) for dates directly related to an individual including birth date, admission date, discharge date, date of death
- Telephone numbers
- Fax numbers
- Electronic mail addresses
- Social security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full face photographic images and any comparable images; and
- Any other unique identifying number, characteristic, code, or combination that allows identification of an individual.

PROGRAM'S MODEL AND MISSION

The program follows a Practitioner-Scholar model of training (the Vail model) which was further articulated at the Mission Bay conference (1986). This pivotal conference on "Standards and Evaluation in the Education and Training of Professional Psychologists" was the first conference systematically designed to articulate a blueprint for professional psychology education and training models (Bourg, Bent, McHolland, & Stricker, 1989). Resolutions of the Mission Bay conference that influenced the model's development included the following: (a) a statement that "education and training in professional psychology should be carried out by programs that have an explicit, primary commitment to practitioner training" (Bourg et al., 1989, p. 67); (b) a statement that "professional applications of psychology should be related to an evolving and developing knowledge base that includes disciplines other than psychology" (Bourg et al., 1989, p. 67); (c) a strong commitment to diversity; (d) an articulation of particular knowledge, skills, and attitudes for the education of professional psychologists; (e) identification and definition of the six professional core competency areas; and (f) a declaration of continuing commitment to evaluation, including clinical competency examinations for all graduates.

Our Program has six major training goals, with related specified competencies. These competencies relate to the delivery of comprehensive clinical and psycho-educational services for children, adolescents, their families and teachers and adults in diverse environments, the development of a life-long learning attitude and professional identity. The competencies are grounded in a conceptual understanding of typical and atypical child development, as well as a thorough knowledge of the other core areas of psychology – biological, cognitive, affective and social bases of behavior, human diversity, history of psychology and methods of scientific inquiry.

The Program's mission is to provide doctoral-level training through an interdisciplinary model that concentrates on both school and clinical psychology (see below for description of the Combined-Integrated orientation). While the training emphasis is primarily focused on to children, adolescents and families, students also work with adults and caretakers/parents. Alumni are prepared to deliver psychological and psycho-educational services to children, adolescents, adults and families in urban and suburban schools, medical centers, mental health settings, early childhood centers and other schooling environments.

The Program requires students to understand and utilize the knowledge generated in such disciplines as life-span developmental psychology, child and adolescent psychology, psychotherapy, education, neuro-developmental disorders, family and systems theory, psychopathology, psychopharmacology, measurement and school psychology. Hence the program includes educational, psychodynamic, cognitive-behavioral and family systems approaches for working in diverse settings across the lifespan. The training program was developed to prepare students to meet future challenges by emphasizing the combined-integrated nature of school and clinical psychology.

Therefore one goal of training is to provide the student with the competencies which will help him/her to identify cognitive and emotional strengths, in order to answer the following question: "Given a unique set of strengths and weaknesses, what are the best practices for working with a given child, adolescent, adult, family or caregiver?" This philosophy is the focus of assessment, intervention and consultation courses and constitutes the primary content for the varied externship and internship experiences.

The program has evolved from a traditional base in school psychology to a program that can more accurately be described as combined school-clinical child psychology. Students gain approximately 3,500 hours of supervised field experiences in schooling environments, hospitals and mental health facilities, in urban and suburban centers, with largely multi-cultural populations, between early childhood and adulthood. These extensive practica, externship and internship experiences are graded for complexity and integrated with the didactic training components.

The objectives are achieved through a prescribed five-year sequence of courses, research, supervised practica, externship and internship experiences that are sequenced for complexity and demand greater skills and expertise with each ensuing year. The process is enhanced by the student's professional socialization with a faculty who act as appropriate role models and mentors through their own professional experiences as educators, researchers, service providers, and consultants. It is continued by the faculty's professional involvement in associations and organizations and via close faculty student relationship and advisement.

The Combined-Integrated (C-I) Model

APA accredits three specific specialty areas: Clinical, Counseling and School Psychology. In 1975 APA stated that, "combined professional scientific psychology is a new area of accreditation for programs that do not clearly fit the model for separate programs in clinical, counseling, and school psychology. This area of accreditation is defined as a combination of clinical, counseling and/or school psychology" (p.1093).

Prior to 2003 there was a paucity of literature concerning the C-I model of training. In 2003, Givner and Furlong wrote the first substantive article on the relevance of C-I training for school psychology. They wrote,

The Consensus Conference on Combined and Integrated Doctoral Training in Psychology held on May 2-4, 2003 at James Madison University, was an historic step towards defining the C-I model. The training directors of all 10 APA-accredited programs attended the conference along with representatives from two of the other training councils, APA's Education Directorate, the Committee on Accreditation, Association of Psychology Postdoctoral and Internship Centers, (APPIC), The National Register of Health Service Providers in Psychology, past-presidents of Divisions 2, 12, and 29, National Council of Schools of Professional Psychology (NCSPP), American Psychological Association of Graduate Students (APAGS), International Association of Applied Psychology, Association of Directors of School Psychology Training Clinics, and

The Consensus Conference succeeded in articulating a common set of characteristics and principles that distinguishes the combined-integrated training model.

Prominent among these principles are:

combined-integrated programs intentionally combine at least two specialties;
 combined-integrated programs provide intentional exposure to multiple theoretical orientations;
 combined-integrated programs provide intentional exposure to multiple practice settings; and
 combined-integrated programs provide intentional exposure to the parameters of practice, including a variety of populations served, problems addressed, procedures and settings, across the life span. p. 1

One of the most important outcomes of the Consensus Conference was the elementary, but important observation that there is a fundamental difference between “combined” training that provides training in traditional specialties in the same program (students receive some common experiences and more intimate exposure to other specialties) and “integrated” training (students have substantially overlapping training experiences involving both theory and fieldwork). Programs can have different degrees of integration while still being “combined.” The Yeshiva University model is a combined, fully integrated program.

Givner and Furlong go on to state,

Advocates of combined-integrated programs see advantages in de-compartmentalizing the training of students when both child-oriented specialties have more that unite them than divide them. To define the purview of a school psychologist or a child clinical psychologist by the building in which they work, or to compartmentalize their areas of expertise into separate disciplines by viewing psychopathology as the domain of the clinical psychologist but not the school psychologist is creating tenuous boundaries that need not exist. It leaves the impression that multiple experts best serve children and that the disciplines do not inform each other about training. It may be controversial to state that an examination of academic training programs would probably demonstrate more convergence of content, knowledge, skills, and experience between school psychology and clinical child psychology than is promulgated” (“Relevance of Combined-Integrated Model of Training to School Psychology: The Yeshiva Program” *The School Psychologist*, 2004, 145-153).

Shortly afterwards, Beutler and Givner (2004) were significant contributors to a special two-volume edition of the *Journal of Clinical Psychology* that was devoted to C-I training. (Beutler, L., Givner, A., Mowder, B., Fisher, D. and Reeve, R. “A history of Combined-Integrated doctoral training in psychology” *Journal of Clinical Psychology*. Volume 60, Issue 9, Date: September 2004, Pages: 911-927). Givner’s 2004 presentation at the annual meeting of the Council of Directors of School Psychology Programs was part of a panel discussion introducing the model to school psychology directors. This was followed by Givner and Blom-Hoffman’s presentation (2005) at NASP (“The Relevance of Combined-Integrated Training for School Psychologists”) that provided a first look at the empirical data that supported the model. Additional validation for the excellence of the model was provided by Givner, Blass and Shrage, at APA’s 2005 conference (“Interns’ and Internship Directors’ Perceptions of Combined and Integrated Programs”). In 2006 and 2007, Givner presented the empirically based model at the annual meeting of the Trainers of School Psychologists.

Program’s Philosophy

As mentioned above, the program adheres to a Practitioner-Scholar training model within a combined-integrative orientation. The disciplines of school psychology and clinical psychology are integrated throughout the course work. At the same time the program provides students with a pedagogical orientation that is eclectic in both theory and practice. The Program’s faculty is trained in psychodynamic, cognitive-behavioral and systems approaches for working with children, adolescents (0-18), and young adults. All students are exposed to all orientations. Students are

taught to respect the value of each approach and to integrate theory and practice across varied orientations. Each student develops a model that combines and integrates the varied approaches. We recognize that a value of this type of program is the high regard for each orientation in its own right, that permits students to integrate an approach that is truly their own; but one that is also respectful of evidence-based treatments from all orientations.

Program's Structure

The Practitioner-Scholar model provides intensive practicum training in both school psychology and clinical psychology. It focuses on the development and refinement of knowledge and skills so that students will be able to function as a school-clinical psychologist. It is built upon core theoretical foundations in normal and atypical child and adult development, biological bases of behavior, cognitive, affective and social bases of behavior, cultural and individual differences and research. The training integrates theory, research and practice and is sequential and graded for complexity. The integration of science and practice is accomplished through a lock-step, sequentially graded, 116-credit curriculum that includes approximately 3500 hours of supervised field experiences in addition to assessment, treatment and remediation practica in our in-house clinic.

The first year includes coursework in core areas of psychology: ethical and professional practice, multiculturalism, development, cognitive and affective development, social psychology, skills development courses in cognitive and social-emotional assessment. (See curriculum sequence - Allocation Chart – in Appendix)

Didactic courses in the second, third and fourth years focus on theory, evidence-based practice from different orientations in schools and clinical settings and research. Emphasis is placed on ethnic, cultural, gender and individual differences throughout the curriculum. Skills training and didactic course work in the second, third and fourth years are complemented by approximately 1800 hours of externships and additional clinic-based practica. These experiences occur with a predominantly multicultural population.

The second-year field experience occurs in a school - approximately 500- 600 hours; the third year (approximately 600 hours) field experience (externship) occurs in community-based mental health facilities, hospitals, medical centers, special education facilities, or early childhood centers. The fourth year field experience (approximately 600-900 hours) may occur in any of the above-mentioned placements or in a school, if the student's trajectory is to apply for a school psychology internship in the fifth year. All field experiences (externships) are supervised by appropriately credentialed psychologists.

The culminating experience is the pre-doctoral internship (1500-1750 hours), which occurs in the final year of study and may occur in any of the settings mentioned above.

In summary, this model bridges the professional disciplines of School Psychology and Clinical Psychology and adheres to the integration of science and practice. The curriculum initially focuses on foundations of psychology and is followed by intensive training in advanced assessment, evidence-based interventions, family and school consultation, research, cultural diversity and professional development. The third and fourth years' curricula permit students to advance their knowledge and skills in elective areas of study.

Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession as stated in APA's Standards of Accreditation, "all students in accredited programs should acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology." (SOA, p. 8)

The Program's curriculum provides students with the **Discipline Specific Knowledge (DSK)** that "serves as a cornerstone for the establishment of identity in and orientation to health services psychology." (SOA p. 8) All students are required to take the following sequence of courses to acquire this knowledge.

- **Biological foundations** are acquired in a first-year course on “Biological Bases of Behavior.”
- **Social Psychology foundations** are acquired through a course, “Social Psychology.”
- **History and Systems foundations** are acquired through a course, “History and System in Psychology.”
- **Cognitive and Affective foundations** of psychology are acquired in a first-year course in “Cognitive and Affective Bases of Behavior.”
- **Developmental Psychology** foundations are acquired in a first-year course in, “Life Span Development.”
- The Program evaluates these foundational knowledge-based competencies through examinations, written papers, participation in class (each course uses a rubric – detailed in the syllabus - for evaluating students), and rating scales completed by faculty.

In the rare instances when a student wishes to transfer credit for a particular course from prior graduate training program, the Program faculty in consultation with the instructor for the specific course will review the student’s prior syllabus and ascertain if the potential transfer course meets the same objectives as the Program’s course and uses similar processes. If it is agreed that the course can be transferred, the student will receive credit for the course.

Students in the School Clinical Child Psychology Program attain Profession-wide competencies in:

- i. Research
- ii. Ethical and legal standards
- iii. Individual and cultural diversity
- iv. Professional values, attitudes, and behaviors
- v. Communication and interpersonal skills
- vi. Assessment
- vii. Intervention
- viii. Supervision
- ix. Consultation and interprofessional/interdisciplinary skills

These competencies are developed through coursework, supervised practica in our school’s Parnes Center for Psychological and Psychoeducational Services, externship (field placements) and internship experiences.

Specific Coursework, Practica and externships related to each Profession-Wide Competency are described below.

- i. **Research:** Students take courses in *Statistics* and *Research Methods in Professional Psychology* during their first two years in the program. At the end of the first-year students are matched with faculty and assigned to Research Labs conducted by their research mentors. (The courses are Research Lab 1-X, Research Project I and Research Project II). Students are required to participate in the research lab, complete a Literature Review (Research Project I) on their selected research topic, conduct an empirical study, write the introduction, methods, results, discussion chapters of Research Project II and defend it at an oral examination.
Psychometrics are taught through several courses, including Research Methods and the five required assessment courses. This knowledge is applied during the development of the student’s research products. The Program evaluates these competencies in form of examinations and participation in class (each course uses a rubric – detailed in the syllabus - for evaluating students), rating scales completed by faculty and a rubric for the student’s RP I and II and oral examination.
- ii. **Ethical and legal standards:** Students take *Ethical and Professional Issues in Professional Psychology* during their first year. These issues are also covered in all assessment and treatment courses and on externship and internship. The Program evaluates these competencies in form of examinations, papers and participation in class (each course uses a rubric – detailed in the syllabus - for evaluating students), rating scales completed by faculty and externship and internship supervisors.

- iii. **Individual and cultural diversity:** Issues of individual and cultural diversity are embedded throughout the program's course work, practica, externship and internship. Training begins in the first semester's class on *Integrating Race and Gender in Multiculturalism* and continues in all aspects of the program. The Program evaluates these competencies by using examinations and observation of participation in class, written papers, (each course uses a rubric – detailed in the syllabus - for evaluating students), rating scales completed by faculty and externship and internship supervisors.
- iv. **Professional values, attitudes, and behaviors:** The development of professional values, attitudes and behaviors is a primary focus of all aspects of our training program. Faculty mentorship and comportment are critical elements for modeling of appropriate values, attitudes and behaviors. As such students have multiple sources for such mentorships. When students enter the program, they are initially assigned to two faculty advisors. By the end of the first-year students are matched with one research mentor who will become their primary professional model and resource. Students will work with their mentor for approximately three years, during which they will be mentored by the faculty member more advanced students in the research lab. Many students will co-author papers and presentations with faculty and fellow students. Students will receive additional opportunities to develop these competencies in the third and fourth year clinical practica when they are supervised by professional psychologists who volunteer their time to work with students. Additionally, students will be mentored in their second, third, fourth and fifth years by externship and internship supervisors. The Program evaluates these competencies by using live supervision and monitoring of student behavior which are ultimately assessed with rating scales and qualitative methods by faculty and clinical, externship and internship supervisors.
- v. **Communication and interpersonal skills:** These competencies are critical elements in all aspects of training; be it, **assessment** (being able to communicate assessment results to parents, teachers, and other professionals, in both written and oral formats; being able to do so in a respectful and empathic manner); **treatment** (being able to establish rapport, active listening, empathy, conduct treatment, have social-emotional awareness, stay regulated, be respectful of others, understand the cultural and diversity issues related to treatment process and assessment, etc.); **consultation** (working with parents, teachers in a collaborative manner); **professional presentations** (being able to deliver - orally and in written format - scholarly material to multi-disciplinary audiences); **student participation** in all coursework. The Program evaluates these competencies by using live supervision and monitoring of the student behavior which are ultimately assessed with rating scales and qualitative methods by faculty and clinical, externship and internship supervisors.
- vi. **Assessment:** Assessment competencies are developed through a five-course sequence in the first and second years (*Cognitive Assessment, Psychoeducational Assessment, Appraisal of Personality, and Practicum in Child Assessment I-II*) that involve didactic and practica components that are graded for complexity. A sixth course in *Neuropsychological Assessment* is available as an elective in the third year. The first-year courses provide foundational knowledge and assessment skill sets that are applied during the second year when students conduct child/adolescent evaluations in the Parnes Center. In addition, students in the second, third and fourth years externships in school and clinical settings that are supervised by licensed psychologists on-site and that use live observation. Finally, students complete a 1500-1750 hour pre-doctoral internship that includes extensive supervision of treatment and assessment activities. All assessment courses use live supervision and video-recording. Evaluations are based on rubrics developed for each class.
- vii. **Intervention:** Competencies are developed through a nine-course sequence that is graded for complexity through the second, third and fourth years in the program. Students develop beginning theoretical and practical competencies during the following second year courses: *Introduction to Child Therapy, Evidence-based Interventions with Youth I-II*. In the third and fourth years, students complete two, year-long clinical practica: *Practicum in Child Therapy I-II: CBT; and Practicum in Child Therapy I-II: Psychodynamic*. They also take a year-long theory course entitled *Psychodynamic Theory and Practice with Children and Families*. In addition, students in the third and fourth year complete 600-750 hour externships in clinical settings that are supervised

by licensed psychologists on-site and that use live observation. Finally, students complete a 1500-1750 hour pre-doctoral internship that includes extensive supervision of treatment and assessment activities. All treatment courses use live supervision and video-recording. Evaluations are based on rubrics developed for each class. In addition, externship and internship supervisors complete detailed rating scales that address all competencies.

- viii. **Supervision:** Foundational competencies are developed during the second-year class on, *Consultation and Supervision*. This class reviews model of supervision. Also, second year students are selected to supervise and mentor first year students in the first-year assessment classes. Similarly, third year students supervise second year students and fourth year students supervise third years. In addition, students have two additional opportunities to supervise others. The first is during participation in research labs, where older, more experienced students will supervise younger, less, experienced students. The second opportunity is while on internship, when the intern will be part of the supervisory process of less experienced externs. In addition to examinations in the courses, externship and internship supervisors complete detailed rating scales that address all competencies
- ix. **Consultation and interprofessional/interdisciplinary skills:** Second-year students take a year -long course in *Consultation and Supervision* followed by *Consultation-Based Interventions*. Both courses are taken concurrently with a year-long 500-600 hour externship in the schools. During this externship, students further develop their consultation skills by working with teachers, administrators and parents. During the third and fourth year externships and fifth year internship students continue to develop their consultation competencies in clinical and school settings. In addition to examinations in the courses, externship and internship supervisors complete detailed rating scales that address all competencies.

Program Goals, Objectives and Competencies

Our primary goal is to train students for careers in Health Service Psychology. The program's emphasis is on the application of skills and knowledge in the delivery of psychological and psycho-educational services to children, adolescents and families in diverse environments. Students are able to work from different theoretical perspectives in multidisciplinary settings and are able to provide assessment, psychological and psycho-educational intervention, consultation, and prevention services. Further, the program emphasizes a strong commitment to diversity throughout its course work and field experiences. The program prepares students to be consumers of research and be able to integrate science and practice

The Program has six goals:

- Goal #1: Produce graduates who have the requisite knowledge in the core areas of Health Service Psychology for the doctoral level practice of school-clinical psychology with an emphasis on children and families
- Goal #2: Develop students' professional identity as a doctoral level psychologist with specialized and integrated training in the disciplines of school-clinical psychology. Upon graduation to continue to be an active participant in the profession. Have realistic sense of self, be self-reflective and develop emotional intelligence.
- Goal #3: Develop students' skills and related knowledge base for conducting psychological and psychoeducational assessments across the lifespan – with an emphasis on childhood and adolescence.
- Goal #4: Develop advanced skills and knowledge in the treatment of children, adolescents, their families and adults; be prepared to work effectively in schools, mental health facilities and medical centers; to integrate science and practice.
- Goal #5: Enhance students' sensitivity to individual and cultural diversity and ability to work with children,

families and adults from diverse backgrounds

- Goal #6: Foster the relation between science and practice. Be knowledgeable of the linkage between research and its application to practice

Graduates of the program are competent to:

Provide direct psychological and psychoeducational services to children, adolescents, parents, families, adults and teachers. They are able to:

- **Conduct, interpret and report on psychological and psychoeducational evaluations;** (Assessment information is derived from many sources including, classroom observation, school and clinic records, intake interviews, objective, empirically validates instruments, and child, adult and teacher interviews. The school-clinical psychologist is trained to collect, coordinate and finally communicate relevant information in writing and orally.)
- **Work with varied intervention and assessment models.** Be able to apply evidence-based interventions, psychodynamic intervention, use standard and objective assessment,
- **Consult and advocate** for children/adolescents and adults within an interdisciplinary environment; (Collaboration with the teacher, parent, other mental health professionals and physicians to provide the best understanding and interventions for the child.)
- **Integrate and interpret empirical data** (The school-clinical psychologist is an effective consumer of research and integrates research findings in practice.)
- **Work with multi-cultural populations;** (Knowledge, experience and sensitivity to multi-cultural and multi-ethnic and other diversity issues are critical for the delivery of school and clinical services.)
- **Work with a systemic orientation** in both schools and mental health facilities; (By obtaining knowledge of the individual child, of psychoeducational techniques, and of the culture of the social system, the school-clinical psychologist can develop an effective view of the functioning of the system.)

FACILITIES AND RESOURCES

The Ferkauf Graduate School of Psychology is housed in the Rouso Building (1165 Morris Park Avenue; Bronx, NY 10461) on the campus of the Albert Einstein College of Medicine (AECOM). The college and its affiliated institutions constitute one of the nation's leading centers for medical education and research. The School-Clinical Child Psychology program has developed working relationships with many of the facilities on the AECOM campus, which permit our students to fulfill their externship and research requirements with AECOM faculty. Students have been able to conduct research projects in learning disabilities, childhood depression, adolescent intervention, pediatric AIDS, early childhood disorders, socio-emotional development and conduct disorders with research investigators who are expert in these specialized areas.

The Ferkauf Graduate School of Psychology moved to in the Rouso Building in 1999. The school's Main Office, the Admissions Office, the Registrar's Office, the Dean's Office, the Student Lounge and faculty offices are located on the first and second floors of the Rouso building. Most classrooms, a full computer facility and the Parnes Center for Psychological and Psychoeducational Services are also located in the building.

Additional classrooms and faculty research labs are available in the Van Etten Building – two streets from Rouso. The space in Van Etten was renovated in summer of 2019 and include classrooms, the Parnes Clinic, a new student lounge and the Testing Library.

The Parnes Center for Psychological and Psychoeducational Services

The Parnes Center is the in-house training facility for all doctoral programs at Ferkauf. It is directed by Dr. William Salton and is also located in the Van Etten building on the Albert Einstein College of Medicine campus. The Center and the Testing Library operate on a 12-month basis, five days a week. In addition to Dr. Salton, the clinic is staffed by a full-time secretary and several paid student assistants. Students from all doctoral programs conduct assessment and treatment within the center.

The Center has 23 therapy/assessment rooms - all of which have state of the art audio-visual capacity for observation and interaction with supervisors. Two large play therapy rooms are devoted to working with young children as are designated rooms for family therapy.

The program has developed the clinic into a research facility where students can develop their doctoral research projects. Many archival studies have investigated assessment practices and long and short- term effectiveness of the Center's interventions.

The Testing Library

The Testing Library contains all testing materials required for assessment courses in all programs. Dr. Abraham Givner is responsible for the management of the Testing Library. Graduate students from the three doctoral programs serve as "librarians" and coordinate the distribution and return of all test materials. We consider the Testing Library to have one of the most extensive holdings of assessment instruments in the metropolitan area. There are currently more than 200 different instruments housed in the Testing Library.

The Testing Library uses a computer-driven distribution program. All students at Ferkauf are required to register with the Testing Library (using their Ferkauf ID cards). Registration for first year students is usually conducted during Orientation and other students may register at any time during the first few weeks of the semester. Once you have registered with the Library you are permitted to borrow any material that has been assigned by your class instructor. Students may not borrow material for use on externship or internship. The Testing Library will provide you with a copy of the Library's borrowing regulations, daily schedules and calendars.

The D. Samuel Gottesman Library (<http://library.einstein.yu.edu>)

The Gottesman Library is a major asset and one of the premier research medical and health-related facilities of its kind in the country. The Gottesman Library contains over 155,000 volumes and subscribes to 2,300 periodicals including an extensive collection of journals relevant to the professional practice of clinical and school psychology. It is located on the first floor of the Forscheimer Building.

The library staff is supportive and always available to assist you. They provide orientation programs for students at the beginning of the school year. Students have remote access to library holdings from their computers. Students can obtain Library and ID Cards from the Security Office located on the ground floor in the same building as the Gottesman Library.

The Gottesman Library hours are:

| | |
|------------------|-------------------|
| Monday-Thursday: | 8:30 am-midnight |
| Friday: | 7:30 am-4 pm |
| Saturday: | 7:30 pm-10:30 pm |
| Sunday: | 10:30 am-10:30 pm |

Computer Resources

Yeshiva University, recognizing the increasing role of high technology, continually enhances its computer facilities and services. A wide area network (WAN) links computer resources on all YU campuses, yielding access to such

resources as the online catalog and mini-MEDLINE systems at Albert Einstein College of Medicine as well as all Internet-based resources worldwide, with library computers offering menu-driven search capabilities. A scientific/educational computer center on the Resnick Campus provides an excellent research-oriented educational environment for students, faculty, and researchers

Yeshiva University supports computer facilities available to all registered students and faculty. Remote access to University library resources, including PsycINFO and online journals is also available remotely. Ferkauf has its own computer room with terminals and printers available to students. These Dell computers are all connected to the Internet, and all have Windows, Microsoft Office, SPSS, and email access. The Resnick Campus of the Albert Einstein College of Medicine (Einstein) has several computer rooms for student and faculty use. The university wide computer network provides email as well as access to all of Yeshiva University libraries and other network-based services. Technical support is available at regular office hours to help students requiring assistance. Technical support is also provided to faculty. Special software for teaching and/or other scholarly activities is purchased upon request.

The Student Lounges are located on the first and second floors of the Rousso Building and a third enhanced lounge is located in the Van Etten Building adjacent to the clinic and Testing Library. It is the prime place where students from all programs tend to congregate. There are couches, vending machines, microwaves, copy machine and other amenities in the lounge.

STUDENTS

The student body remains diverse. Students have come from 27 different states, the District of Columbia, Puerto Rico and from 14 different foreign countries. The student body is a reflection of the demographics of the tri-state New York metropolitan region. It is largely to this community that the graduates return as practicing school and clinical child psychologists.

- **Gender:** The student census as of June 2018 was 98 students. There were 6 men and 92 women in the program
- **Diversity:** There has been a significant increase in the number of students of color who have enrolled in the program. Between 1989 and 1999 only 3.6% of the entering classes were students of color. Thirty-three of the 236 students admitted between 2001-2011 (13.9%) are students of color. In June 2018, 17% of the student body were students of color.
- **Religion:** 58.7% of the 2016-17 student body self-identified as Jewish. Other students identified as Catholic, Christian, Buddhist, Atheist, Agnostic or “nothing” or “other.”
- **Colleges:** Students from 88 different colleges have been enrolled in the program since 2001. The schools include: Amherst College, Appalachian State University, Bar Ilan University (Israel), Barnard College, Bates College, Boston College, Boston University, Bowdoin College, Brandeis University, Brooklyn College, Bucknell University, California Baptist, Carnegie Mellon, Catholic University (Korea), City University of New York, Colby, College of NJ, Columbia University, Dartmouth College, Eastern Mennonite College, Cooper Union, Cornell, Connecticut College, CUNY Brooklyn College, CUNY Lehman College, CUNY Hunter, CUNY John Jay, CUNY Queens College, Drew University, Drexel University, Duke University, Emerson College, Emory University, Fairleigh Dickinson University, Fordham University, Goucher College, Georgetown University, George Washington University, Gordon College, Hamilton College, Hofstra University, College of the Holy Cross, Ithaca College, Johns Hopkins University, Lafayette College, Lehigh University, McGill University (Canada), McMaster University (Canada), Manhattan College, Marymount Manhattan, Miami University, Middlebury College, Muhlenberg College, Mt Holyoke University, Mt Royal-

Athabasca (Canada), National University of Taiwan, NYU, Northern Iowa University, Oberlin College, Ohio Wesleyan University, Pennsylvania State University, Rutgers University, Sarah Lawrence College, Skidmore University, Stern College, St. Joseph's College, SUNY Albany, SUNY Binghamton, SUNY Empire State, SUNY at Geneseo, SUNY Plattsburg, SUNY Purchase, SUNY Stony Brook, Touro University, Trinity College, Tufts University, Tulane University, Union College, Universidad Catolica Andres Bero (Venezuela), University of Arizona, University of Buffalo, University of California- Santa Barbara, University of Delaware, University of Geneva (Switzerland), University of Haifa (Israel), Kishniev University (Russia), University of Maryland, University of California at San Diego, University of Miami, University of Michigan, University of North Carolina, University of Pennsylvania, University of Pittsburgh, University of Queensland (Australia), Renmin College (China), University of Florida, University of Rochester, University of Scranton, University of Sierra Nevada, University of Wisconsin, Vanderbilt University, Vassar College, Villanova University, Virginia Commonwealth, Washington University, Wellesley College, Wesleyan University, Wheaton College, Wheelock College, Williams College, Yale University, Vanderbilt University, Virginia Polytechnic, Yeshiva University and York College

Admission procedures and requirements

The University is committed to a policy of equal opportunity and nondiscrimination in admission and other facets of its educational programs and activities. The University encourages applications from qualified students without regard to sex, religion, age, race, handicap, color, or national origin, within the meaning of applicable law.

Admissions are conducted through the PSYCAS system. In order to fulfill all Admissions requirements, two official transcripts showing degrees conferred must be received by the Admissions office prior to the start of the first week of the Fall Semester. As mandated by the New York State Education Department, you must comply with the Measles, Mumps and Rubella (MMR) regulations. Proof must be shown either by immunization or by showing serological evidence (titers) that you are immune to Measles, Mumps and Rubella. Documented proof must be submitted to the Admissions office prior to the start of the first week of the Fall Semester.

Policies regarding applicants to program

Students are admitted into the program for the fall semester. Applications and supporting documents must be received through the PSYCAS system by January 30th to be considered for matriculation in September. Completed applications include undergraduate and graduate transcripts, Graduate Record Examination (taken no more than five years prior to the date of application), written reports and letters of recommendation.

GRE results are to be sent to the Admissions Office at Ferkauf Graduate School - the proper Institutional Code is 2995. Students who have degrees from institutions where the language of instruction is other than English are required to submit the Test of English as a Foreign Language (TOEFL) as well as the General GRE scores.

Applications for admission are initially reviewed by the Program Director. Individual and group interviews are arranged for each applicant who passes this initial screening. The initial interview is conducted by a full-time faculty member. Applicants are also interviewed in a group format by the Program Director followed by a group discussion, that is evaluative, with current students. The students' evaluations are considered in the final consideration for admission. Each applicant's credentials are then reviewed by the faculty and decisions are then finalized.

Upon admission into the program the entering cohort is assigned two faculty advisors. As the cohort moves up each year, another faculty pair becomes their advisors. By the end of the fourth year the students will have had an advisory experience with every faculty member.

Student selection

The Program attempts to enroll students with minimum scores of 159 on the verbal and 148 on the quantitative sections of the GRE and a minimum of a 3.40 GPA. Between 2003-2014 the Program received more than 1900 applications for admissions. The mean GRE scores for students who entered the program in 2017 were GREV = 80 percentile; GREQ = 51 percentile; Analytic = 4.69; and GPA = 3.62.

Undergraduate preparation

Undergraduates are expected to have at least 12 undergraduate credits in psychology; including courses in statistics, experimental, biological bases of behavior, abnormal psychology or human development. To encourage diversity of thought and orientation, applications from outstanding students with backgrounds that differ from the above are also considered.

Orientation and Registration

An orientation meeting for entering students is held during the month of June. Aside from the social aspect, the main purpose of this meeting is to complete all registration materials for the fall semester. A second orientation for all students admitted into the school is held one week prior to the beginning of classes. Issues that deal with housing, insurance, identification cards, security, student organizations, financial aid, and student life are reviewed during that meeting. A third meeting is held with the entering class one month after school begins.

REGISTRATION & STUDENT STATUS

The Academic Catalog provides School-wide policies and procedures regarding registration, status, transfer of credits and other significant policies and procedures.

Requirements for a doctoral degree must be completed within ten (10) years of admission. Continuation in the program beyond the time limit is grounds for dismissal.

Registration takes place through MY YU (www.yu.edu/myyu) twice a year: May for the fall semester and December for the spring semester. Students are expected to register each semester during the specific registration period. Students must meet with their assigned academic advisor beforehand to review course requirements and obtain their RAC (registration access code).

Please refer to the Catalog for information on:

- Maintenance of Matriculation
- Cross-registration
- Independent Study
- Waiver of Required courses
- Withdrawal from courses
- Grading Policy
- Eligibility for graduation
- Commencement
- Change of Status
- Dismissal

Evaluation of Performance

Evaluation of performance in the program is ongoing throughout a student's academic tenure and

is based on, but not limited to, the following criteria:

1. Coursework
2. Faculty Evaluation
3. Assessments
4. Interpersonal Skills
5. Professional and Ethical Behavior

In addition to the factors above, students are required to gain and demonstrate a sense of multicultural sensitivity throughout their academic tenure. Students are expected to become aware of themselves as cultural beings and examine their own biases and prejudices. They should acquire (1) An awareness of their own cultural worldview, (2) An accepting attitude towards cultural differences, (3) Knowledge of different cultural practices and worldviews, and (4) The skills to understand, communicate and effectively interact with people from different cultures in their own clinical work. Most importantly, students must develop multicultural humility, recognizing that developing multicultural sensitivity and competence is a lifelong process that is challenging and anxiety provoking.

The program director reviews the student's progress with the faculty regularly. Strengths and weaknesses are considered to ensure maximal development and to avoid potential problems. Students who are seen as unqualified to continue may be dismissed from the doctoral program. Students receive written evaluations of their performance at the end of each semester. The evaluations are a synthesis of faculty, field supervisors and clinical supervisors evaluations.

Satisfactory Academic Performance and Standards

Satisfactory academic performance and standards are comprised of a student's performance of academic, clinical and research activities. Academic performance and standards include overall course grades as well as critical analytic skills, written communication skills, intellectual engagement, class participation, academic progress (meeting deadlines), appropriate professional and ethical behavior, interpersonal skills, multicultural sensitivity, and teaching and/or other scholarly activities. Clinical performance includes the demonstration of clinical competencies in clinical coursework, on the comprehensive examinations, and in practicum settings as evaluated by faculty and supervisors. Research performance includes the demonstration of research competencies in research coursework, in the active participation in the mentor's research, in the design and execution of doctoral research projects/dissertations, and in research related scholarly activities.

Students are required to maintain a satisfactory level of academic performance in each academic semester as defined by, but not limited to, the following criteria: 1) Minimum semester and cumulative GPA of 3.25; 2) Timely completion of ALL course work and in meeting deadlines and academic progress standards for academic, clinical, interpersonal skills, and professional and ethical requirements; 3) Passing the comprehensive/competency exams (any student who fails an exam is given one (1) more opportunity to retake the exam after receiving remediation. If the student does not pass the re-take he/she will not be permitted to continue in the program); 4) Satisfactory evaluations from clinical settings and satisfactory evaluations from clinical supervisors; 6) Satisfactory evaluations from research supervisors, 7) Maintenance of competent interpersonal skills as evaluated by program faculty; and 8) Maintenance of professional and ethical behavior as evaluated by program faculty.

Failure to meet or progress in any academic, clinical, research, interpersonal skills or professional and ethical requirements may prevent the student from moving ahead in the program and may be grounds for academic warning, probation or dismissal. Please refer to the “**Unsatisfactory Academic Performance**”, “**Academic Warning**”, “**Academic Probation**”, and “**Dismissal**” sections for more information.

Unsatisfactory Academic Performance

Students who exhibit deficiencies in regard to their academic performance, supervisor or faculty evaluations, academic progress, interpersonal skills, and professional and ethical behavior are informed of such deficiencies by faculty after faculty review. Academic performance is comprised of performance of academic, clinical, and research activities. Students with unsatisfactory performance in these areas are placed on “academic warning”, “academic probation” or are subject to dismissal. A student does not first have to be placed on academic warning to be placed on academic probation and does not need to be placed on warning or probation before she can be dismissed from the program.

Academic Warning status is an initial indication of serious academic, clinical, interpersonal, or ethical deficiencies. If a student meets any of the requirements below, a faculty committee or the joint program faculty will meet to determine a remediation plan for the student. The student is required to meet with his/her academic advisor prior to the following semester to develop a schedule for the completion of the remediation plan. If, at the end of the subsequent semester, the student has not met the requirements of remediation, he/she will be placed on academic probation.

Academic warning occurs in (but is not limited to) the following circumstances:

- a. When a student receives a semester or cumulative GPA below 3.25, receives one (1) or more grades of *B-* within a semester, receives one (1) *C* grade within a semester, and/or receives two (2) incomplete (*I*) grades within a semester;
 - i. Any student who receives a grade of *C* or below in any course (required or elective) must retake that course.
- b. When a student receives an unsatisfactory evaluation of their clinical performance (interviewing, assessment, or treatment) as indicated by a poor practicum/supervisory evaluation (or *B-* or below grade) during the course of the semester;
- c. When a student receives an unsatisfactory evaluation of their research performance as indicated by a poor supervisory evaluation (or *B-* or below grade) during the course of a semester;
- d. When a student fails any comprehensive/competency examination.
 - i. Should they fail the retake examination, they will be dismissed from the program;
- e. When interpersonal skills are judged to be unsatisfactory as defined by individual program standards;
- f. When professional and ethical behaviors are judged to be unsatisfactory as defined by individual program standards;
- g. When a student falls more than one (1) semester behind in his/her progress in the program as defined by individual program standards

Academic Probation is an indication of very serious or persisting academic, behavioral, or professional deficiencies and occurs in the following instances:

- a. When a student receives a semester or a cumulative GPA below 3.0, receives two (2) *C* grades or more within a semester, receives a grade of *F* in a course, or receives more than two (2) incomplete grades (*I*) in a given semester.
 1. PLEASE NOTE: All incompletes (*I*) will convert to *F*'s after one (1) semester. It is the student's responsibility to ensure the work is completed in a timely fashion.
 - ii. If a student receives an *F* grade, a committee consisting of program faculty appointed by the program director will be assembled to review the reason for receiving the *F* grade. A decision will be made as to whether the appropriate action will be to place the student on academic probation or to dismiss the student.
- b. When a student persistently fails to meet academic progress standards as defined by individual program standards. If unsatisfactory progress is made in meeting programmatic deadlines for clinical, research or academic activities and the problem persists, the student will be placed on academic probation;

- c. When a student demonstrates serious or persisting deficiencies in clinical performance, which are defined as follows: When a student who received a B- or lower in a clinical practicum course (from any supervisor) or an unsatisfactory evaluation from an externship supervisor AND shows evidence of continued unsatisfactory performance following remediation efforts, or fails or is terminated from a training site, such deficiencies will constitute a basis for probation.
- d. When interpersonal skills are judged to be unsatisfactory as defined by individual program standards;
- e. When professional and ethical behaviors are judged to be unsatisfactory as defined by individual program standards;
- f. When a student fails to meet the requirements of remediation after being placed on academic warning.

Students who meet any or all of the criteria above will be placed on academic probation immediately and/or for the following semester (depending on the reason for the probation). Students who are placed on academic probation are not permitted to apply for their next externship or internship or attend an externship or internship they already received while they are on probation. If the problems above persist after the following semester, the student will be dismissed from the program.

Procedure for Faculty/Students. If a student is placed on academic warning or academic probation, the student must meet with his/her academic and research advisor prior to the following semester to develop a remediation plan and/or schedule for the completion of remaining degree requirements. Elements of a remediation plan may include, but are not limited to, academic performance benchmarks, deadlines for completing requirements, closer supervision of clinical responsibilities, etc. If the student misses a subsequent deadline, they risk the consequence of being dismissed from the program. If a student wishes to change a deadline, he/she must submit a request in writing to the appropriate advisor at least one (1) month prior to the deadline. Only one (1) request per year will be granted. Students are allowed one (1) probationary period during their academic tenure.

If probation or a leave is decided, the student shall receive a letter from the program director that outlines the reason for academic probation, specifies a remediation plan, and provides a timeline for remedying the issues.

The student must sign and return the letter acknowledging that it will be the student's responsibility to communicate his or her understanding of the identified problem, respond to communications and engage in the remediation plan or grievance procedure in a timely manner. The student's response to the feedback and his/her willingness to engage in remediation will also be considered in the evaluation process.

INTERPERSONAL COMPETENCIES

In addition to the competency exams described above, the doctoral program admits its students each year with the expectation that they will complete their studies and graduate. The doctoral program has adopted the [Comprehensive Evaluation of Student-Trainee Competence in Professional Psychology Programs \(1\)](#) model policy developed by the Student Competence Task Force of the [Council of Chairs of Training Councils](#), as stated below:

Students in professional psychology programs (at the doctoral, internship, or postdoctoral level) should know—prior to program entry and at the outset of training—that faculty, training staff, supervisors, and administrators have a professional, ethical, and potentially legal obligation to: (a) establish criteria and methods through which aspects of competence other than and, in addition, a student-trainee's knowledge or skills may be assessed (including, but not limited to emotional stability and well being, interpersonal skills, professional development, and personal fitness for practice); and, (b) ensure—insofar as possible—that the students who complete their programs are competent to manage future relationships (e.g., client, collegial, professional, public, scholarly, supervisory, teaching) in an effective and appropriate manner. Because of this commitment, and within the parameters of their administrative authority, professional

psychology education and training programs, faculty, training staff, supervisors, and administrators strive not to advance, recommend, or graduate students with demonstrable problems (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) that may interfere with professional competence to other programs, the profession, employers, or the public at large.

As such, within a developmental framework and with due regard for the inherent power difference between students and faculty, students should know that their faculty, training staff, and supervisors will evaluate their competence in areas other than and, in addition to, coursework, seminars, scholarship, comprehensive examinations, or related program requirements. These evaluative areas include, but are not limited to, demonstration of sufficient: (a) interpersonal and professional competence (e.g., the ways that student relates to clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (b) self-awareness, self-reflection, and self-evaluation (e.g., knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, allied professionals, the public, and individuals from diverse backgrounds or histories); (c) openness to processes of supervision (e.g., the ability and willingness to explore issues that either interfere with the appropriate provision of care or impeding professional development or functioning); and (d) resolution of issues or problems interfering with professional development or functioning in a satisfactory manner (e.g., by responding constructively to feedback from supervisors or program faculty; by the successful completion of remediation plans; and by participating in personal therapy in order to resolve issues or problems).

This policy is applicable to settings and contexts where evaluation would appropriately occur (e.g., coursework, practica, supervision), rather than settings and contexts that are unrelated to the formal process of education and training (e.g., non-academic, social contexts). However, irrespective of setting or context, when a student's conduct clearly and demonstrably (a) impacts the performance, development, or functioning of the student, (b) raises questions of an ethical nature, (c) represents a risk to public safety, or (d) damages the representation of psychology to the profession or public, appropriate representative of the program may review such conduct within the context of the program's evaluation processes.

Although the purpose of this policy is to inform students that evaluation will occur in these areas, it should also be emphasized the program's evaluation processes and content should typically include: (a) information regarding evaluation processes and standards (e.g., procedures should be consistent and content verifiable); (b) information regarding the primary purpose of evaluation (e.g., to facilitate student development; to enhance self-awareness, self-reflection, and self-assessment; to emphasize strengths as well as areas for improvement, to assist in the development of remediation plans when necessary); (c) more than one source of information regarding the evaluative area(s) in question (e.g., across supervisors and settings); and (d) opportunities for remediation, provided that faculty, training staff, or supervisors conclude satisfactory remediation is possible for a given student-trainee. Finally, the criteria, methods, and processes through which students will be evaluated are clearly specified in a program's handbook, which should also include information regarding due process policies and procedures (e.g., including, but not limited to, a review of a program's evaluation processes and decisions).

Personal and professional growth is critical for functioning effectively as a psychologist. Interpersonal and professional skills include the following:

Ethical Concerns

1. Demonstrate a knowledge and application of APA's [Ethical Principles of Psychologists and Code of Conduct](#) and NASP's [Principles for Professional Ethics](#);
2. Demonstrate a knowledge and application of statutes regulating professional practice;
3. Demonstrate a concern for client welfare; and
4. Demonstrate an appropriate client-psychologist relationship

Professional Department Issues

1. Appropriate manifestation of professional identity (e.g., attire, behavior);
2. Appropriate involvement in professional development activities (e.g., professional associations);
3. Appropriate interaction with peers, colleagues, staff, students; and
4. Awareness of impact on colleagues (faculty, trainees)

Sensitivity to Client and Diversity Issues

1. Acknowledgment of and effective dealing with children, parents, teachers, school administrators, and other school and clinical staff, (e.g., social workers, guidance counselors, speech therapists, psychiatrists) of diverse ethnic and racial groups, and lifestyles is imperative for students to function as psychologists.

Use of Supervision Issues

1. Appropriate preparation;
2. Accept responsibility for learning;
3. Open to feedback and suggestions;
4. Apply learning to practice;
5. Willing to self-disclose and explore personal issues affecting professional process functioning;
6. Appropriately self-reliant; and
7. Appropriately self-critical

Other Trainee Issues

1. Effective management of personal stress;
2. Lack of professional interference because of own adjustment problems and/or emotional responses;
3. Develop realistic professional goals for self; and
4. Appropriate self-initiated professional development (e.g., self-initiated study)

Faculty members are responsible for evaluating the progress of each doctoral trainee. The primary purpose of this assessment is to facilitate students' personal and professional growth. It is important to maintain close working relationships between students and faculty so that doctoral program policies and procedures can be implemented to maximize trainee development and growth.

The doctoral program recognizes that developmental stressors are inherent in the transition to graduate student and during the course of the training program. Students make significant developmental transitions during their graduate training and may need extra support. When clinical work begins, there is additional stress inherent in being a member of a helping profession. Therefore, supervision is frequent and intensive during graduate training. All of these factors may increase a trainee's sense of personal and professional vulnerability. It is the responsibility of the doctoral program to make available procedures and opportunities that can facilitate growth and minimize stress. Such measures include, but are not limited to orientation meetings, identifying clear and realistic expectations, timely evaluations with suggestions for positive change, and contact with support individuals (e.g., supervisors) and groups (e.g., other students or former students).

1 This statement was developed by the Student Competence Task Force of the Council of Chairs of Training Councils (CCTC) (<http://www.apa.org/ed/graduate/cctc.html>) and approved by the CCTC on March 25, 2004. Impetus for this document arose from the need, identified by a number of CCTC members, that programs in professional psychology needed to clarify for themselves and their student-trainees that the comprehensive academic evaluation of student-trainee competence includes the evaluation of intrapersonal, interpersonal, and professional development and functioning. Because this crucial aspect of academic competency had not heretofore been well addressed by the profession of psychology, CCTC approved the establishment of a "Student Competence Task Force" to examine these issues and develop proposed language. This document was developed during 2003 and 2004 by a 17-member task force comprised of representatives from the various CCTC training councils. Individuals with particular knowledge of scholarship related to the evaluation of competency as well as relevant ethical and legal expertise were represented on this task force. The initial draft of this document was developed by the task

force and distributed to all of the training councils represented on CCTC. Feedback was subsequently received from multiple perspectives and constituencies (e.g., student, doctoral, internship), and incorporated into this document, which was edited a final time by the task force and distributed to the CCTC for discussion. This document was approved by consensus at the 3/25/04 meeting of the CCTC with the following clarifications: (a) training councils or programs that adopt this "model policy" do so on a voluntary basis (i.e., it is not a "mandated" policy from CCTC); (b) should a training council or program choose to adopt this "model policy" in whole or in part, an opportunity should be provided to student-trainees to consent to this policy prior to entering a training program; (c) student trainees should know that information relevant to the evaluation of competence as specified in this document may not be privileged information between the student-trainee and the program and/or appropriate representatives of the program.

MENTORING

The faculty are strong exemplars for modeling professional conduct, values and attitudes. Faculty members serve as professional role models for clinical expertise, scholarship, research and professional involvement. Students are encouraged to use academic advisors as a resource for academic advisement and guidance. Mentorship takes many forms: (a) at orientation, new students are assigned two faculty advisors; each ensuing year, the student cohort is assigned two other faculty advisors. By the end of the fourth year, students will have had the opportunity to work with each full-time faculty member; (b) a research mentor who will take on a primary mentorship role is assigned to students at the end of their first year; (c) in the third and fourth years students are assigned to outside clinical supervisors – one per student- who will again mentor students; and (d) each student will have experiences with a minimum of four outside field supervisors who will also be available for mentorship. Alumni are also available as mentors and have often assisted student in the transition to the workforce after graduation. We are especially delighted that the professional values related to scholarship and professional development can be witnessed by an impressive number of our students having published and presented with faculty during their time in the program and beyond. Students authored or co-authored more than 100 publications and presentations between 2014-17.

THERAPY FOR STUDENTS

Knowing oneself is critical to becoming a successful psychologist. While not a requirement, all students are encouraged to be in their own psychotherapy as the faculty believe it enhances one's ability to become an effective clinician. The faculty believe that entering one's own personal therapy is an asset, not a deficit. Understanding and being open to the process of psychotherapy and learning to differentiate one's own difficulties from one's patients are important to one's development as a professional psychologist. Under certain circumstances, a student may be required by the faculty to enter therapy when it is felt that there are professional or personal problems/behaviors that interfere with the student's ability to provide services and interact in a professional setting.

CHANGES OF STATUS, LEAVES AND DISMISSAL

Leave of Absence

Students who are not taking any coursework or working on research but who expect to return at some future time should file a Request for Leave of Absence Form, available in the Office of the Registrar. The leave of absence must be approved by both the program director and the dean and should be signed and returned to the Office of the Registrar prior to the start of classes for the given semester. Students may apply for a leave of absence for a maximum of two (2) semesters. Students are only eligible for a leave of absence after the completion of one (1) semester of coursework. The dean will evaluate all requests for leave of absence and give the final approval.

PLEASE NOTE that under current Immigration and Naturalization Service regulations, foreign students in F-1 classification are not permitted to be on leave of absence.

Involuntary Leave Policy

When students are experiencing emotional difficulties or find themselves going through a personal crisis, they are strongly encouraged to seek out the relevant support services on campus. Depending on the campus and the specifics of the situation, counseling, guidance and/or outside referrals can be provided. While the University strives to help all students succeed academically, socially, and emotionally, there are times that safety concerns regarding a student's health and well-being need to be considered. It is for this situation that the following guidelines apply.

- Yeshiva University reserves the right to place a student on an involuntary leave of absence when the student:
 - a. Poses a direct threat to the health and safety of themselves or others. The University should determine whether a student warrants involuntary leave only from a student's observed conduct, actions, and statements, and not from mere knowledge or belief that the student is an individual with a disability, and
 - b. Is not able or willing to temporarily withdraw from the University.
 - c. The student demonstrates unsatisfactory academic, interpersonal, or ethical performance in the program. If a student meets the requirements for academic warning or academic probation, the program director can determine that the student must take a leave of absence as part of the student's remediation plan.
- This policy may not be used in lieu of previously codified student discipline procedures.
- The University will maintain the confidentiality of information regarding involuntary leaves in accordance with federal, state, and local law.

Procedures for Removal

- When it comes to the attention of any member of the University community that a student may pose a threat to the health and safety of themselves and/or others, the individual should immediately take reasonable steps to notify their supervisor, a program director and/or the dean of the school. The program director should take immediate action to assess the nature and magnitude of the threat to the student and to others, which may involve consultation with others including counseling and other relevant support services. In accordance with the U.S. Department of Education's Office of Civil Rights, procedures should be followed to ensure that a student considered for involuntary leave under this policy is not be subject to an adverse action based on unfounded fears, prejudice, or stereotypes.
- A psychological, psychiatric, or medical evaluation by a healthcare provider may be necessary to determine if a leave of absence is necessary or appropriate. The student may be asked to provide relevant psychological or medical records from his/her healthcare provider.
- A student whose involuntary leave is under consideration will be informed in person, if practical, or in writing, and will be provided with an opportunity to be heard in an interview with the appropriate counseling staff and/or administrative official.
- Students will be informed in person, if practical, or in writing, and will be provided with an opportunity to be heard in an interview with appropriate counseling staff and/or administrative official.
- Students will be informed in person, if practical, to be followed by written notification from the School, or the School's decision regarding their student status.
- A student who is placed on involuntary leave may appeal the decision to the dean within ten (10) business days of the decision. The appeal should be in writing and set forth the basis for the appeal. The dean or his designee will review the appeal and his decision will be considered final.
- In cases of a safety emergency, a student may be removed from the University campus, provided the student is given notice and an opportunity to be heard, pending a decision regarding the student. The student is still offered the option for an appeal prior to the rendering of a final decision.
- The University reserves the right to make appropriate arrangements regarding the health and safety of the student.

- A student placed on involuntary leave must remain off campus for the duration of their leave. A student on involuntary leave may not visit the campus or any other facility owned by the University without written approval from a University official.
- The School will notify all relevant parties of the leave of absence.

Readmission

A student who neither registers nor secures an official leave of absence for any semester will be considered to have withdrawn from the School. A student who wishes to resume studies will be required to apply for “readmission”. Students who withdrew from the School and wish to apply for readmission must follow the regular admissions procedures. Their admission will be subject to the usual admissions criteria in effect at the time of application for readmission.

Official Withdrawal

If the need for a leave extends beyond two (2) semesters –taken together or separately – the student must withdraw from the School and apply for readmission. Students who wish to withdraw must submit an Application for Official Withdrawal Form, available in the Office of the Registrar. The form should be signed by both the program director and the dean and returned to the Office of the Registrar. Students who are registered for courses at the time of their withdrawal will be subject to the tuition refund rates in effect on the date of their withdrawal. Students are responsible for contacting the Office of Student Finance regarding deadlines for tuition reimbursement.

Dismissal

Students accepted into Ferkauf Graduate School of Psychology are expected to complete the program requirements successfully. When a student’s academic performance, supervisor or faculty evaluations, academic progress, interpersonal skills, or professional and ethical behavior is unsatisfactory, faculty provide timely feedback and offer students an opportunity to remedy deficiencies. The program director or the dean of the Graduate School may counsel voluntary withdrawal or recommend termination from the Graduate School under conditions including, but not limited to, the following:

- a. Violations of American Psychological Association (APA) ethical principles, legal statutes, or University or Graduate School codes and policies as described in this academic catalog;
- b. Persisting or marked unsatisfactory academic performance, as evidenced by:
 - Failure to satisfactorily meet remediation requirements when on academic probation;
 - Students on academic probation who, in the subsequent semester, receive a *C* grade, an *Incomplete* grade or a *F* grade;
 - Obtaining GPA below 3.0 for any two (2) semesters;
 - Failure to pass the retake of the competency or comprehensive examinations;
 - Failure to complete academic or research requirements within a timeframe specified by the student’s academic or research advisor or program director;
- c. Ethical violations including, but not limited to, cheating, exercising dishonesty or plagiarizing;
- d. Consumption, influence or possession of alcohol or illicit drugs in class or on the Yeshiva University premises. See Appendix W for Yeshiva University Policy on Drugs and Alcohol;

- e. Failure to meet generally accepted standards of personal integrity, professional conduct or emotional stability, or inappropriate or disruptive behavior toward colleagues, faculty or staff, or any other individual;
- f. Failure to make satisfactory progress toward a degree within the time frames detailed in the “Time Limitations” provision;
- g. A pattern of unsatisfactory clinical performance, despite remediation efforts, including but not limited to the following: i) more than one (1) unsatisfactory evaluation of a psychotherapy or assessment lab or clinical training experience; ii) failure to complete the required number of year-long approved externship experiences, or an approved internship training experience, within timeframes specified by the program.
- h. A pattern of unsatisfactory research performance, despite remediation efforts, including but not limited to the following: i) more than one (1) unsatisfactory evaluation of a research course or experience or ii) failure to meet research deadlines within the timeframes specified by the program.
- i. A pattern of unsatisfactory interpersonal skills and professional behavior, evidenced despite remediation efforts, including but not limited to the following: i) inappropriate interpersonal or professional behavior. This refers to conduct in classes and on campus, in private meetings with faculty, and to behavior in our Clinic and at externship or internship sites. In all venues with which the students may have contact with patients and supervisors, students are expected to conduct themselves in a manner which adheres to ethical and professional standards; ii) psychological problems that impair professional functioning, academic performance, or progress throughout the program; iii) failure to evidence compliance with faculty recommendations for remediation of impaired interpersonal skills or professional behavior.

Code of Ethics

Maintenance of good standing while a student is at the School is partially dependent on developing and maintaining standards of ethical and professional conduct. Students should be aware of the Ethical Principles of Psychologists and Code of Conduct (2002) and amendments (2010). All entering students are given a copy of the Ethical Principles and the University’s Non-Discrimination Statement upon admission and are asked to sign a statement that they read the material. See Appendix I for a copy. We also recommend that you read,

Fisher, C. B., Hoagwood, K., Boyce, C., Duster, T., Frank, D.A., Grusso T., Levine, R.J., Macklin, R., Spencer, M.B., Takanashi, R., Trimble, J.E., Zayas, L.H. (2002) Research Ethics for Mental Health Science Involving Ethnic Minority Children and Youth. *American Psychologist*. 57,12, 1024-1039

Drug Screenings and Background Checks

(See Appendix W for Yeshiva University Policy on Drugs and Alcohol) While we do not perform drug screens or background checks upon admission, students should be aware that varied externship and internship settings may require that you complete drug testing, background checks and have a physical exam prior to beginning these experiences. Many sites, especially those at hospitals or medical centers, require health clearance prior to start; therefore, keeping up to date records on immunizations and health records is recommended. Sites may also require a formal criminal background check and drug screening. A student whose background check or drug screen is not acceptable to the site, will not be permitted to attend the externship/internship. Students must receive approval from the Program Director/Director of Clinical Training to attend any externship or internship.

THREE PROGRAM GUIDELINES CONCERNING PROFESSIONAL DEPARTMENT

Professional Attire

We so often think that issues related to cultural competence focus on race, ethnicity, language, religion, class, country of origin, etc. As a student you are continually required to be knowledgeable, sensitive and responsive to these issues. Another area of cultural competence that does not get as much attention is the "culture of treatment." As students, you sit in class, interact with peers and faculty and work with clients in varied settings. Each situation has its own set of explicit and implicit rules and expectations. When speaking of the "culture of treatment" we need to be knowledgeable of, and sensitive to, what the client brings to treatment and what you, as student-therapists, bring into treatment. One explicit set of rules deals with attire.

While we are all subjected to messages from the "culture of fashion" industry and are often influenced by it; the Program wants to emphasize that you are to always act and dress professionally. We understand that there are formal and informal dress codes that reflect context and culture. We witness significant changes in student attire throughout the year. For example, during externship and internship interview processes, student attire is dramatically different and reflects clearly stated demand characteristics. We understand that attire makes a statement about one's self. Nonetheless, dress protocols during the rest of the year should be professionally casual - especially when working with clients.

It is the Program's policy that at all times, but especially when seeing clients, students must dress in a professionally casual manner. Defining "professionally casual manner" is subjective. So, students should ask themselves if their attire matches the professional image that they want to present to peers, faculty, clients, parents, other professionals and future employers.

While a student may believe that his/he attire is appropriate, a faculty member may offer feedback or may request that a student leave the building should the student's attire not be considered to be appropriate.

Please make every effort to follow this policy. It is a reflection of your development as a psychologist.

Computer Use During Class

If a faculty member finds that a student is using their computer during class for purposes other than those connected to the class material, the student will lose half a grade. If it occurs a second time the student will lose an additional half grade. Should it happen a third time, the student will fail the class.

Each faculty member may determine that student use of computers in the classroom is prohibited unless needed as an accommodation for a documented disability.

Email Etiquette

Email is a popular and quick way to communicate with others you will encounter throughout your training and professional career. The advantages are obvious: email is immediate and easy. However, these advantages make it easy to end up leaving a bad impression or causing a miscommunication with a contact, employer or faculty member. Because emails are ubiquitous and often written quickly, they can also lead to unprofessional communications. Every email interaction provides information about you, and gives the reader an opportunity to form an opinion.

You should take care to use the following guidelines to help you craft emails that you send in the context of your graduate training. The New York Times article linked here also gives several examples.

http://www.nytimes.com/2006/02/21/education/21professors.html?pagewanted=1&_r=2&

Email guidelines

- All messages should have a concise and descriptive subject line. The purpose of the subject line is to alert the reader as to the content of the message.
- Begin with a salutation. For example, if you are emailing a professor, it would be appropriate to begin your email with “Dear Dr. Smith” or “Professor Smith.” If you typically call Dr. Smith “Pat,” then go ahead and begin the email with “Pat.” If you are unsure of how to address a professor, “Professor Smith” or “Dr. Smith” is the best default choice.
- Be thoughtful about tone. Without the contextual cues provided by in-person tone of voice and facial expressions, it is easy to be misunderstood, so you need to be especially mindful of how requests or feedback are communicated. It is important to communicate a respectful request rather than an expected demand (“would you be willing” vs. “I need you to” or “Send me”).
- Use traditional rules of grammar, spelling and punctuation in your message. Use spell check but also remember to proofread the message yourself, as spell check won’t catch everything. Misspellings and grammatical mistakes make you appear careless and unprofessional.
- If you are making a request or asking a question, make sure you communicate the steps you have already taken on your own to resolve a problem or answer a question. Because emails are quick and easy, students sometimes ask questions of professors or other contacts before taking initiative. Take that initiative first (e.g., check the reading, ask a peer, reread the take home exam question, etc.). Consider what the question is revealing about you—does it suggest that you have not investigated the matter on your own, or cannot tolerate uncertainty?
- Close your message with a signature. Be certain that you have included your full name if it is someone you are less familiar with (full name for a professor of a big class, first name for research advisee or supervisor) and, if appropriate, some context as to the nature of your relationship with that individual.
- Before you send, double check to make sure you are replying only to whom it is necessary (Do not “reply to all” if all parties need not be included). Also check it over to make sure you are not including any confidential or sensitive information that you would not want read aloud or shared with others.
- **Reply to emails in a timely fashion. Most people expect that you will reply within one business day.** This means you need to make it a habit to check your email account(s) on a daily basis. If the person emails you back and provides help or information, you should respond to say thank you.
- **Avoid sending an email when emotional.** You can draft an email, but do not send it when you are not calm. Feeling emotional or experiencing conflict can make emailing a message tempting, but your emotions may cloud your judgment and create larger problems. Draft your message and return to it when you feel better regulated. It can be a good idea to run your email by someone else outside the situation before sending if it is related to an emotionally laden issue. Face to face communication is preferable in these situations if possible.
- **Only a guide.** Use these tips as a guide. Avoid being formulaic in how you write emails so that you seem robotic or odd. Be genuine and aware of your communication. Use email as a chance to practice your clinical skills. Use the examples for inspiration, but there are many ways to abide by these tips without treating email like a form letter communication.

Here are some sample emails with mistakes, followed by a re-worded email as an example of improved email etiquette.

1. Instead of this. . .

Dr. Smith,

I need the notes from class I missed. I want to come by your office today to get them. Please let me know.

Jennifer

Try This. . .

Dear Dr. Smith,

Thanks so much for your offer to provide notes from the class that I missed. I will be on campus tomorrow and could pick them up then if that is convenient for you; if not, let me know another time that will work well with your schedule.

Thank you again,
Jennifer

2. Instead of this . . .

Hi,

Thursday October 1st is not good date for me to present in class. I would much prefer the following week. However, I will work with any date to which I am assigned.

Thanks,
Jennifer

Try this. . .

Dear Dr. Smith,

Thanks so much for putting in the time to schedule our presentations. I wondered if it would be at all possible to reschedule my presentation from October 1st to the following week? I don't think I will have adequate case material at that time to present based on just completing my intake. I apologize if this is an inconvenience in any way, and if it is not possible I will work with whatever date I am assigned.

All best,
Jennifer

3. Instead of this. . .

Hey Dr. Smith--

I've been trying to do a lit search all day, but something is wrong with my library password, and it's not letting me log in. So, I am wondering if you could do a search for me on the terms "theory of mind" and "autism," then email me abstracts that look appropriate so I could keep making progress?

Thanks—
Jennifer

Try this . . .

Do not start any email with "Hey"

Don't send your professor an email asking him or her to do your work for you. Problem-solve other ways that you could handle this situation, perhaps seeking assistance from a friend.

4. Instead of this. . .

Hey Dr. S!

I loved ur talk today! I am working on my research project and am interested in doing it on something similar—the effect of pressure to be thin on eating habits. Do you know some good measures of pressure to be thin, and would you share them with me? Thanks for helping me out with my project! Jen

Try this. . .

Dear Dr. Smith,

I very much enjoyed your talk today and am actually doing my research project on a similar topic. I have begun a literature search on measures of pressure to be thin, which I know you also looked at in your research. I noted that you used the scale by X, instead of the scale by Y. Would you have time to discuss this in a meeting? I know you have a very busy schedule, so please let me know any time that is convenient for you, or let me know if there is someone else I should reach out to.

Thank you for considering my request,
Jennifer

ACADEMIC INTEGRITY

Academic integrity is the guiding principle for all that students do during their academic tenure; from taking exams, making oral presentations, to writing term papers. It requires that students recognize and acknowledge information derived from others and take credit only for ideas and work that are their own. It is a violation of the principle of academic integrity to:

- Cheat on an examination;
- Submit the same work for two different courses without permission from the professors;
- Receive help on a take-home examination that calls for independent work;
- Plagiarize
- Falsify or fabricate data

Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. A student who presents someone else's work as his or her own work is stealing from the authors or persons who did the original thinking and writing. Plagiarism occurs when a student directly copies another's work without citation; when a student paraphrases major aspects of another's work without citation; and when a student combines the work of different authors into a new statement without reference to those authors. It is also plagiarism to use the ideas and/or work of another student and present them as his/her own. It is not plagiarism to formulate your own presentation of an idea or concept as a reaction to someone else's work; however, the work to which you are reacting should be discussed and appropriately cited.

Fabrication is making up data or results and recording or reporting them. Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.

A student's affirmation of any examination, course assignment, or degree requirement is assumed by the School to guarantee that the thoughts and expressions therein not expressly credited to another are literally the student's own. Evidence to the contrary may result in failure in the course, dismissal, or such other penalties as deemed proper.

Ethical Violations

Violations of APA ethical principles, legal statutes, or University or Ferkauf Graduate School codes and policies in regard to strict standards of conduct may take many forms including, but not limited to, the following:

- Plagiarism;

- Cheating;
- Legal infractions including, but not limited to, theft and possession of illegal drugs or weapons;
- Deliberate actions causing harm to others, including but not limited to unlawful harassment,
- failure to respect others' rights and dignity, and failure to fulfill professional responsibilities;
- Misuse of University property;
- False representation, including false or misleading statements on admission, registration,
- scholarship application, or other School forms, or records dealing with outside employment,
- attendance at other institutions, financial status, departmental or degree requirements, or any
- other items of student information;
- Utilization of work submitted to fulfill one's course requirements in a second course, unless
- expressly permitted by the second course's instructor;
- Coercion, any form of abuse of others, misuse of influence, or engagement in exploitative
- relationships;
- Other proscribed professional activities, including but not limited to: practicing outside the
- boundaries of one's competence; offering of any psychological services by an individual not
- licensed as a psychologist unless these services are delivered in the context of a supervised
- clinical training setting; engaging in sexual intimacies with current or former clients or their
- significant others, engaging in dual role relationships, etc.

Procedure for Ethical Violations. If a student is involved in behaviors that are thought to be unethical, the following procedure is to be followed:

- a. Once a complaint has been presented in writing or otherwise, the director of the program
- b. meets with the complainant and the student to discuss the issues.
- c. When the initial discussion is completed, the director may inform the program's faculty and
- d. then form a subcommittee of the program faculty – usually two (2) members – to meet with the
- e. student and access all relevant information about the charges and clarify all issues. The student
- f. will have the opportunity to present his/her own views on all points. The subcommittee will
- g. report to the program's faculty and a recommendation will be forthcoming.
- h. The program director will meet with the student to discuss the recommendation. This
- i. procedure is not a litigious one.
- j. The recommendation may be forwarded to the dean who has the option to review the issues or
- k. to form a faculty committee to advise him about the problem.

Social Media Use

Students are required to adhere to the Social Media Policy established by the University.

- *YU Student Technology Resources Use Handbook:*
https://www.yu.edu/uploadedFiles/Offices_and_Services/ITS/InfoSec/Policies/ITS_Handbook_for_Students2a.pdf
- *YU General Guidelines for Use of Social Media:*
<http://www.einstein.yu.edu/docs/administration/communications-public-affairs/social-media-general-guidelines.pdf>

Any student who posts content (on a personal or University website) that is deemed inappropriate and/or a violation of Ferkauf's code of ethics will be subject to disciplinary action.

Further Review of Cheating and Plagiarism:

Adapted from the University of Missouri, Office of Student Rights and Responsibilities. Standard of Conduct Guidelines, (www.umsl.edu/studentlife/dsa/student_planner/.../conductcode.html) and the University of Memphis, Code of Student Rights and Responsibilities (www.memphis.edu/stuhand2)

Faculty members have a special obligation to expect high standards of academic honesty in all student work. Students have a special obligation to adhere to such standards. In all cases of academic dishonesty, the instructor shall make an academic judgment about the student's grade on that work and in that course. The instructor shall report the alleged academic dishonesty to the Program Director.

The term "**cheating**" includes but is not limited to:

1. use of any unauthorized assistance in taking quizzes, tests, or examinations;
2. dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments;
3. acquisition or possession without permission of tests or other academic material belonging to a member of the University faculty or staff;
4. knowingly providing any unauthorized assistance to other student on quizzes, tests, or examinations;
5. the misrepresentation of papers, reports, assignments or other materials as the product of a student's sole independent effort, for the purpose of affecting the student's grade, credit, or status in the University;
6. failing to abide by the instructions of the proctor concerning test-taking procedures; examples include, but are not limited to, talking, laughing, failure to take a seat assignment, failing to adhere to starting and stopping times, or other disruptive activity;
8. influencing, or attempting to influence, any University official, faculty member, graduate student or employee possessing academic grading and/or evaluation authority or responsibility for maintenance of academic records, through the use of bribery, threats, or any other means or coercion in order to affect a student's grade or evaluation;
9. any forgery, alteration, unauthorized possession, or misuse of University documents pertaining to academic records,
10. alteration or misuse of University documents pertaining to academic records by means of computer resources or other equipment is also included within this definition of "cheating."

The term "**plagiarism**" includes, but is not limited to:

1. Use by paraphrase or direct quotation of the published or unpublished work of another person without fully and properly crediting the author with footnotes, citations or bibliographical reference;
2. Unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials;
3. Unacknowledged use of original work/material that has been produced through collaboration with others without release in writing from collaborators.

Adapted from: <http://www.unc.edu/depts/wcweb/handouts/plagiarism.html>

In order to understand plagiarism, it helps to understand the process of sharing and creating ideas in the university.

- When you put your ideas on paper, your instructors want to distinguish between the building block ideas borrowed from other people and your own newly reasoned perspectives or conclusions. You make these distinctions in a written paper by citing the sources for your building block ideas. Giving clear credit for ideas matters in the professional community as well as in school.
- Think of it this way: in the vast majority of assignments you'll get, your instructors will ask you to *read* something (think of this material as the building blocks) and then write a paper in which you *analyze* one or more aspects of what you have read (think of this as the new structure you build).

Essentially, your instructors are asking you to do three things:

- Show that you have a clear understanding of the material you've read.
- Refer to your sources to support the ideas you have developed.
- Distinguish *your* analysis of what you've read from the author's analyses.

When you cite a source, you are using an expert's ideas as proof or evidence of a new idea that you are trying to communicate to the reader.

What about "common knowledge"?

- In every professional field, experts consider some ideas "common knowledge," but remember that you're not a professional (yet). In fact, you're just learning about those concepts in the courses you're taking, so the material you are reading may not yet be "common knowledge" to you. In order to decide if the material you want to use in your paper constitutes "common knowledge," you may find it helpful to ask yourself the following questions:
- Did I know this information before I took this course?
- Did this information/idea come from my own brain?
- If you answer "no" to either or both of these questions, then the information is not "common knowledge" to you. In these cases, you need to cite your source(s) and indicate where you first learned this bit of what may be "common knowledge" in the field.

What about paraphrasing?

- Paraphrasing means taking another person's ideas and putting those ideas in your own words.
- Paraphrasing does NOT mean changing a word or two in someone else's sentence, changing the sentence structure while maintaining the original words, or changing a few words to synonyms.
- If you are tempted to rearrange a sentence in any of these ways, you are writing too close to the original. That's plagiarizing, not paraphrasing.
- Paraphrasing is a fine way to use another person's ideas to support your argument as long as you attribute the material to the author and cite the source in the text at the end of the sentence.
- In order to make sure you are paraphrasing in the first place, take notes from your reading *with the book closed*.
- Doing so will make it easier to put the ideas in your own words.
- When you are unsure if you are writing too close to the original, check with your instructor BEFORE you turn in the paper for a grade.

How can I avoid plagiarizing?

- Now that you understand what plagiarism is, you're ready to employ the following three simple steps to avoid plagiarizing in your written work.

<http://honor.unc.edu/students/plagiarism.html>

Basic Guidelines to Follow

- **Quotations:** When directly quoting an outside source, the borrowed text, regardless of the amount, must be surrounded by quotation marks or block quoted-single-spaced and indented beyond the normal margins. Every quote must include a source-the author, title, and page number, whether an internal reference, footnote, or endnote is used in conjunction with a bibliography page.
- **Paraphrasing or Citing an Idea:** When summarizing an outside source or citing another person's idea, quotation marks are not necessary, but the source must be included, whether an internal reference, footnote, or endnote is used in conjunction with a bibliography page.
- **Working on Group Projects:** In many classes, group projects are required-especially science labs, computer

programming, and business courses. On many group assignments, you should consult the professor or TA to determine the amount of collaboration allowed. When preparing written reports, the names of all persons working on the project should be included.

Some Examples

- **Original Text:** Our best teachers do not convey information by filling heads or stretching minds with some sort of illusionary basic subjects; they impart instead a way of looking, a way of perceiving, a sway of investigating the wonder of life in such a way that students learn how and what to see.
- **Internal Reference:** "Our best teachers...impart instead a way of looking, a way of perceiving, a way of investigating the wonder of life in such a way that students learn how and what to see" (Unks 42).
- **Footnote/Endnote:** "Our best teachers...impart instead a way of looking, a way of perceiving, a way of investigating the wonder of life in such a way that students learn how and what to see."
- **Paraphrase:** Dr. Unks explains in his article, "But Back to What Basics," that the best teachers show students a way to perceive the wonder of life (Unks 42).

STUDENT GRIEVANCES AND DISCIPLINE

Policy

Yeshiva University's Ferkauf Graduate School of Psychology is committed to a policy of resolving all student grievances through a set of appeal procedures designed to resolve the student's issue or concern fairly. Students may appeal evaluation decisions by instructors or supervisors when they believe they were subject to harassment, discrimination unsubstantiated claims of unsatisfactory performance that deviate significantly from standard evaluation procedures used by that faculty member. Harassment or discrimination represent an infringement on individual rights on the basis of sex, religion, age, race, socio-economic status, disability, marital status, color, national or geographical origin, or sexual orientation. If a student has a grievance against a faculty member, a student, or as a result of any program procedure, he/she is assured of all due process, respect, and confidentiality.

Procedure

The following procedure should be initiated within the semester in which the problem or incident occurs and no later than thirty calendar days beyond the final day of classes in any given semester.

Step 1: Informal Level. Students should first discuss their issue(s) or concern(s) with the primary instructor, supervisor, or faculty advisor who provided the evaluation or formal action recommendation. The purpose of this meeting is to clarify the reasons for the evaluation decision or formal action and to provide the student with an opportunity to respond to the decision or action. The meeting also provides an opportunity for the student and faculty member to reach a common understanding of the identified problem(s) and clarify recommendations and the expected timeframe within which problems will be remedied. A follow-up meeting is often scheduled to evaluate the student's compliance with these recommendations. Every effort should be made to resolve disagreements at this level and safeguard confidentiality by involving only essential parties.

Step 2: Meet with Program Director. When the student thinks that his/her issue or concern is still unresolved by his/her primary instructor, supervisor, or advisor and can demonstrate that there is a basis for suspecting unsubstantiated claims of unsatisfactory performance, harassment, or discrimination, they may arrange a meeting to discuss the issue or concern with the program director. Students are expected to submit written documentation of evidence for their complaint within thirty (30) days of the evaluation or incident, or by the final day of classes of the semester in which the problem occurred. The program director will review all documentation and testimony and will notify the student and relevant faculty of their decision to grant or deny the appeal.

Step 3: Departmental Committee. If the program director cannot resolve the student's issue, or the student files (within thirty (30) days) a written appeal of a decision made by the program director, then the program director asks the dean to appoint a committee of faculty to address the student's concern. The faculty on the committee cannot be faculty members from the student's program. The student will have the opportunity to orally present the nature of his/her appeal to the committee. The committee will review all documentation and testimony and will notify the dean and the student of their decision to grant or deny the appeal.

Step 4: Review by Dean. Should the department committee not be able to resolve the student's issue, or the student wishes to appeal a decision by the departmental committee, the student must submit in a written request (within thirty (30) days of the decision) that the dean review the action, clearly stating the reasons for such a review. The dean may grant or deny the request. If the dean grants the request, he will evaluate all the available materials as to the facts and circumstances, including any recommendation from the departmental committee, and may request a personal interview with the student. The dean's decision shall be final as to whether to review the determination, and, if so, whether to adhere to the committee's recommendation.

Student Discipline

A student's admission, continuance on the rolls of the School; the receipt of academic credits, honors, and awards; graduation; and the conferring of any degree, diploma, or certificate upon the student are entirely subject to the disciplinary powers of the School and to the student maintaining high standards of ethical and academic conduct. The School is free to dismiss the student at any time for infringement on these standards.

GRADUATION REQUIREMENTS AND STATISTICS

The graduation requirements for students in the School-Clinical Child Psychology Program are:

- Completion of a prescribed 116-credit course of study;
- Maintenance of a 3.25 GPA;
- Completion of two research projects and an oral examination (a review of the literature and an empirical study);
- Completion of approximately 3500 hours of supervised field experiences – including three part time placements in the second, third and fourth years in schools and mental health facilities, and a full time internship in the fifth year;
- Passing the three-part assessment competency examination after the first and second years in the program, the therapy practicum evaluation, and the oral and written research competency examination after completion of RPII;
- Demonstration of professional and personal competence
- Adherence to the ethical code of conduct

Time to Completion of Program

| Graduation Year: | # of Graduates | Mean # of yrs. to Graduate | Median # of yrs. to Graduate | % of students to complete program in 5 years |
|------------------|----------------|----------------------------|------------------------------|--|
| 2019 | 17 | 5.18 | 5 | 82.4% (n=14) |
| 2018 | 20 | 5.20 | 5 | 80.0% (n=16) |
| 2017 | 16 | 5.13 | 5 | 87.5% (n=14) |

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|------|----|------|---|---------------|
| 2016 | 23 | 5.13 | 5 | 91.3% (n=21) |
| 2015 | 24 | 5.12 | 5 | 87.5% (n= 21) |
| 2014 | 21 | 5.24 | 5 | 80.9% (n= 17) |
| 2013 | 18 | 5.22 | 5 | 83.3% (n= 15) |
| 2012 | 24 | 5.37 | 5 | 66.7% (n= 16) |
| 2011 | 18 | 5.44 | 5 | 72.2% (n= 13) |
| 2010 | 18 | 5.06 | 5 | 94.4% (n= 17) |

CULTURAL AND INDIVIDUAL DIVERSITY

Students work and study in a largely urban center with a multi-cultural population. Many of the children and adults who are referred to our clinic are from low socioeconomic and/or minority populations. The demands of working in such an environment are complex and require that students possess the knowledge and sensitivity required of this challenge. The program's response to such demands is demonstrated through course work, faculty advisement, the distributed practicum and Internship preparation, and the careful monitoring of clinical casework under supervision. Another example is the development of the Bilingual Extension to the School Psychology Certificate that is open to all students in the program.

From its inception in the 1960's the School Psychology program participated in programs such as "Project Beacon" in Bedford-Stuyvesant and Head Start programs in Brooklyn and Manhattan. The development of new courses and the expanded curriculum reflect the program's continued attention to these matters. Efforts are made to attract minority members to the program by representation at minority organizational meetings, disseminating information to undergraduate programs and through advertisement. The program has made significant efforts to create an environment that is supportive of multicultural and diversity issues and that offer opportunities for scholarship.

The Program received a one-million dollar grant in 2001, to develop a demonstration program for the delivery of school-clinical child psychology services to day schools in the metropolitan area. This program initially focused on Hebrew Day Schools that are able to attract low socio-economic, recently emigrated families from regions of the old Soviet Union, and, interestingly, children with multi-racial and ethnic backgrounds. The program expanded to non-Jewish, parochial schools in 2005-06. We expect that the grant will continue into 2013. During this time the grant has provided financial support 29 students. In addition, six of these students have been hired by the schools in which they worked as part of the project.

In 2015 the Program received a significant donation to develop "affiliated" internship programs at mental health/education settings that focus on treating and evaluating children/adolescents with neurodevelopmental, social-emotional and medical conditions in urban and rural areas. The Program has begun the process of assisting three sites to develop internships.

The Program, the Office of Admissions and the Dean's Office correspond and visit with undergraduate programs and minority group organizations at local metropolitan colleges. The Dean's Office also corresponds with all undergraduate programs listed in the APA's Office of Ethnic Minority Affairs' publication Minority Undergraduate Student of Excellence.

The program received New York State approval in 1996 to offer the "Bilingual School Psychology Extension" to our Advanced Certificate in School Psychological Services. Future employment in the New York City and other urban public schools may be contingent upon having a "Bilingual School Psychology Certificate" in addition to the regular certificate that is also acquired while in the program. Students are encouraged to pursue this course of study if they have a fluency in another language and if their career aspirations are to work in schools.

The requirements for a Bilingual School Psychology Extension include the following:

- Completion of all requirements for the regular School Psychology Certificate;
- 15 credits that focus on social, multicultural and bilingual issues in school psychology. (The first three courses listed below are embedded within the doctoral program and are required of all students.)
- The courses designated to meet this requirement are:
- School Consultation and Supervision – 3 credits
- Integrating Gender and Race/Ethnicity in Multiculturalism - 3 credits;
- Contemporary issues in School Psychology – 3 credits
- Assessment of Linguistically and Culturally Diverse Populations (offered once every 2 years) 3 credits;
- Practice of School Psychology with Bilingual and Multicultural Populations: Seminar with Internship I or II - 3 credits;
- Demonstrated competency in a foreign language as measured by a standardized examination administered by ETS.

COURSE OF STUDY

The Program requires full time attendance. It is a 116-credit course of study with options for additional courses. The sequence of courses, “Allocation Chart,” can be found below. The Program requires four years of course work, complementary practicum experiences graded for complexity, three year-long externships and a full-time internship in the fifth year.

Allocation Chart (September 2019)

School-Clinical Child Psychology Program: 116 credits

| Year I- Fall: 15 credits | Year I- Spring: 15 credits |
|---|--|
| PSS 6131: Cognitive Assessment I (with Practicum) and Lab | PSS 6132: Psychoeducational Assessment and Lab |
| PSS 6199: Integrating Race and Gender in Multiculturalism | PSS 6153: Appraisal of Personality |
| PSD 6515: Life Span Development | PSS 6472: Cognitive and Affective Bases of Behavior |
| PSS 6801: Professional and Ethical issues in School-Clinical Psychology | PSS 6250: Developmental Psychopathology |
| PSS 6400: Neurodevelopmental Disorders | PSS 6939: Biological Bases of Behavior |
| Year II- Fall: 16 credits | Year II- Spring: 16 credits |
| PSS 6191: Child Assessment with Practicum and Lab | PSS 6192: Child Assessment with Practicum II and Lab |
| PSS 6221: School Consultation and Supervision I | PSS 6222: Consultation-Based Intervention |
| PSS 6814: Adult Psychopathology and Assessment | PSS 6610: Working Clinically with Children, Parents and Families |
| PSS 6449: Evidence-based Interventions with Youth I | PSS 6450: Evidence-based Interventions with Youth II |
| Elective | PSS 6280: Statistics |
| Research Lab (0 credits) | Research Lab (0 credits) |
| PSS 8943: Externship Seminar 1 | PSS 8944: Externship Seminar 2 |
| Year III- Fall: 13 credits | Year III- Spring: 13 credits |

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|---|--|
| PSS 6611 or 6625: Practicum Child Therapy 1 (CBT or Psychodynamic) | PSS 6612 or 6626: Practicum Child Therapy 2 (CBT or Psychodynamic) |
| PSS 6115: Psychodynamic Theory and Practice with Children and Families I | PSS 6116: Psychodynamic Theory and Practice with Children and Families II |
| PSS 6915: Research Methods | PSS 6915: Research Project I |
| Elective | Elective |
| Research Lab (0 credits) | Research Lab (0 credits) |
| PSS 8945: Externship Seminar 3 | PSS 8946: Externship Seminar 4 |
| Year IV- Fall: 13 credits | Year IV- Spring: 13-credits |
| PSS 6611 or 6625: Practicum Child Therapy 1 (CBT or Psychodynamic) | PSS 6612 or 6626: Practicum Child Therapy 2 (CBT or Psychodynamic) |
| Social Psychology or History and Systems | Social Psychology or History and Systems |
| Elective | PSS 6197: Contemporary Issues in School Psychology (Elective/required for school internships) |
| PSS 6916: Research Project II | PSS 6071: Psychopharmacology |
| PSS 8947: Externship Seminar 5 | PSS 8948: Externship Seminar 6 |
| Year V- Fall: 1 credit | Year V- Spring: 1 credit |
| PSS 8941 – Doctoral Internship Seminar I | PSS 8942 – Doctoral Internship Seminar 2 |

CBT Concentration: All students are required to *complete Evidence-based Interventions with Youth I-II, and Practicum in Child Therapy I-II: CBT*. In addition, students may take *Cognitive Therapy and Behavior Therapy*.

Psychodynamic Concentration: All students are required to complete: *Introduction to Child, Therapy, Developmental and Psychodynamic Foundations of Psychotherapy I-II and Practicum in Child Therapy I-II: Psychodynamic*

Curriculum by Domain: (italics=electives)

| Foundation Courses (36 credits) | Assessment sequence (19 +credits) | Research Sequence (12 credits) |
|---|---|---|
| <ul style="list-style-type: none"> • History and Systems • Social Psychology • Developmental Psychopathology • Adult Psychopathology and Assessment • Ethical and Professional Issues in School-Clinical Psychology • Integrating Race and Gender in Multiculturalism | <ul style="list-style-type: none"> • Cognitive Assessment I-II • Appraisal of Personality • Child Assessment with Practicum I-II • <i>Neuropsychological Assessment of Children</i> • <i>Assessment of Linguistically and Culturally Diverse Populations</i> | <ul style="list-style-type: none"> • Statistics • Research Methods • Research Project I-II • <i>Must take 4 research labs with research advisor</i> |

| | | |
|--|--|---|
| <ul style="list-style-type: none"> • Biological Bases of Behavior • Psychopharmacology • Life Span Development • Cognitive and Affective Bases of Behavior • Neurodevelopmental Disorders | | |
| Conceptual Foundations for Practice (24 credits) | Application to Practice (17 credits) | Bilingual Specialization (15 credits) |
| <ul style="list-style-type: none"> • Introduction to Child Therapy • Psychodynamic Theory and Practice with Children and Families II-II • Evidence-based Interventions with Youth I-II • Consultation and Supervision Consultation-based Interventions | <ul style="list-style-type: none"> • Practicum in Child Therapy I-II: CBT • Practicum in Child Therapy I-II: Psychodynamic • Contemporary Issues in School Psychology (elective) • School-Clinical Psychology Externship Seminars I-VI (6 Credits) • Doctoral Internship Seminar I-II (2 Credits) | <ul style="list-style-type: none"> • Integrating Race and Gender in Multiculturalism • Contemporary Issues in School Psych • Consultation and Supervision • Assessment of Linguistically and Culturally Diverse Populations • Bilingual and Multicultural • School Psychology Internship I-II |

Other requirements:

Research Projects I-II are required for graduation. Students begin to work on their research in the second year. Both projects are completed under the supervision of full-time faculty. It usually takes two to three years to complete the research requirements. Research Project I is a focused review of the literature that leads to Research Project II which is an empirical study, case study, qualitative research or a meta-analysis. All completed RPIIs are on file, on internal memory sources in the Psychology Office and may be borrowed by students.

COMPETENCY EXAMINATIONS

History: In the late 1990's the field of psychology moved deliberately and authoritatively to establish mechanisms to define and measure student learning in terms of competencies. Competencies address demonstrated examples of skills, knowledge and attitudes across domains (i.e., assessment, treatment, research, consultation, professionalism).

Competence has been defined by Hubert and Hundert (2002) as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served. Foundational elements of competence include knowledge and skills as well as elements best conceptualized as professionalism (e.g., reflective thinking). Competence also presumes integration of multiple competencies.

There are foundational competencies (knowledge, skills, attitudes and values that serve as a foundation for the functions a psychologist is to carry out e.g. understanding ethics, awareness and understanding of individual and cultural diversity, knowledge of scientific foundations of psychology) and functional competencies (assessment, intervention, consultation and research).

The articulated goals in any doctoral program lead to program objectives and consequently program competencies. The six goals were described above. These six goals are further defined by the program foundational and functional competencies including professional attitudes and comportment. The objectives are met through sequential coursework that is graded for complexity, and parallel practica experiences, externship and internships that complement the coursework.

These competencies are evaluated through course grades, bi-annual evaluations of students completed by faculty, externship, internship and practica supervisors. In addition, all students complete yearly self-evaluations that address the goals and competencies. Alumni also complete similar self-evaluations upon graduation. Each of these measures adds important information to the evaluation process that ultimately asks the questions, “What is the level of competence of students in the Combined School-Clinical Child Psychology Program and how can it be measured?”

Competence is achieved through a developmental process that recognizes levels of change as a student moves through a program. It is expected that a fifth-year student will be more competent than a first, second or third year student across all professional domains. Course grades and faculty evaluations address competencies in an indirect manner. While externship and internship supervisors evaluate competencies during fieldwork, they do not use a common metric or standardized measure across their settings in schools, medical centers, rehabilitation centers, early childhood centers and community mental health centers.

Therefore, the Program has developed a sequence of Examinations that are graded for complexity, are developmentally appropriate to each level of training, and that provide students with the opportunity to demonstrate their level of competence in the designated domains. These activities are competency-based and administered in a uniform manner, at pre-selected time periods that correlate with program expectations of competency attainment. Each activity has a metric that permits a more objective basis for evaluation of the competencies.

Competency exam sequence

| Competency | Description of Assessment Process | When is it taken? | Grading and minimal acceptable standard |
|---|--|---|---|
| 1. To be able to administer standardized cognitive and social emotional assessment instruments | Students will administer two randomly selected subtests from the WISC-V and two cards from the Rorschach in a “simulation” setting. The administration will be video-taped and reviewed by faculty. | Several months after students complete the Cognitive Assessment course and at end of second semester when students complete Appraisal of Personality. | Rubric for scoring the WISC-V was developed by faculty based on Sattler’s text. The rubric for evaluating Rorschach administration was developed by faculty. |
| 2. To reliably score responses given by children or adults on standardized cognitive and social emotional assessment instruments | Students will be given a blind protocol containing actual responses on the WISC-V. The student will score the responses using their scoring manuals. Scoring is done at Ferkauf. | At the end of second year after completion of the second-year practicum in child assessment). Scoring is done at Ferkauf. **Do not make vacation plans during the first two weeks after school ends in May. | The following criteria are used to grade the Assessment Scoring Competency Examination. <ol style="list-style-type: none"> 1. The passing grade for a subtest was a score that was within the standard error. 2. If scores on more than one subtest exceeded the standard error, the student needs to re-take the exam. 3. If score on one subtest exceeded the standard error, the student passes the exam; but, will be required to take a one session scoring tutorial and discussion in September. 4. If scores on all the subtests were within the standard error; the student passes the exam and is not required to take the tutorial. |
| 3. To write a psychoeducational evaluation based upon information gathered from a fully scored protocol. To provide psychoeducational recommendations to referral sources | Students will be given fully scored blind protocols and will write a coherent, comprehensive, integrated report of no more than eight pages, with recommendations. Students will be given three days to complete the written document. The document will | At the end of the second year. **Do not make vacation plans during the first two weeks after school ends in May. | Reports will be graded and evaluated on the basis Program Developed Rubric (June 2017). See Appendix M for copy of rubric. |

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| | be read by one faculty member. Should the student fail any part of the exam it will be read by a second reader. If the second reader passes the paper, then the student will have passed the exam. | | |
| 4. To demonstrate clinical abilities in treatment | A video of one selected therapy session will be reviewed by faculty | During the third year | See Appendix N Minimal Criteria for Passing: Minimal Competency scores of "3" (competent) on each of the six factors |
| 5. To develop a clinical case conceptualization or school consultation project – | The exam for this competency has been replaced by a series of requirements in treatment related courses that now require students to provide case conceptualizations | During the second, third and fourth year | <ol style="list-style-type: none"> 1. Intro to Psychodynamic Child Therapy, the final is a case conceptualization, either of a case they have been working with at externship, or a case from literature 2. In all four semesters of Practicum in Child Therapy, students write midyear and end year reports for their therapy cases, both which include a Case Conceptualization section. Also, each student presents twice per semester and part of that presentation is a case conceptualization. 3. In the year-long Psychodynamic Theory course, students write a case conceptualization of Jessica in Random Family at the end of the first semester. They are graded on their ability to apply theoretical concepts to the case material, to organize the case material into a cogent narrative, and to develop a treatment plan based on the theoretical perspective(s) they choose (within a psychodynamic framework). In the practice half (the second half) they have a long case that is presented on the final exam where they answer the following questions: <ol style="list-style-type: none"> a) Identify and describe elements of the case from two theoretical perspectives. You may choose |

| | | | |
|---|--|----------------------------------|--|
| | | | <p>from attachment theory, classical theory, object relations (Kleinian or Winnicottian), self-psychology, ego psychology, relational theory, or mentalization based approaches.</p> <p>b) Highlight the transference and countertransference themes that are presented in this case and explain how they helped promote understanding and healing.</p> <p>c) Describe at least two mechanisms of change. What actually <i>happened</i> within either the treatment scenario or within the mind of the patient to effect change?</p> |
| 6. To be a competent consumer of research | Student will write a critical review of the literature. Student will conduct a doctoral research study and provide a written document, in APA format, that summarizes the literature, methodology, results, and discussion of the study. | During fourth year or fifth year | Present document and oral defense to three faculty members. See Appendix L for copy of Evaluation Criteria. Minimal Criterion for Passing = "2" Adequate Level of Competence |

How does this affect you? There are six competency exams. Every student must pass all five exams prior to graduation and in the stipulated order, except where otherwise noted below. **Note: Minimal Criteria for passing each exam are indicated in chart above.**

Procedures for students who do not pass the competency exams

1. **Assessment: Administration Exam:** Students are given initial feedback shortly after the exam by the Examiner. They are not told if they passed or failed the exam until the faculty meet to discuss the performance of all students. If a student fails the exam, he/she is meets with a full-time faculty person to review their performance on tape. They are given a second opportunity to take the exam within a month of the initial administration. The re-take exam is administered “live” to a faculty person. If the student fails the re-take exam, further remediation is provided and the student will be required to video-tape an administration of a full WISC-V to a child/adolescent and submit the video tape for review prior to the beginning of the fall semester. If significant problems are still noted in the video the student’s course of study may be modified and the student may be withdrawn from the program.
2. **Assessment: Scoring Exam:** Students will be informed within one week after submitting the exam if they passed or failed the exam. Students will be given in-person feedback about their performance and, if needed, offered a remediation plan. Students who fail are placed on “Academic Warning” and are required to re-take the exam prior to the fall semester. Should she/he fail the re-take exam, the student’s course of study may be modified and the student may be withdrawn from the program.
3. **Assessment: Written Report Exam:** Students will be informed within a reasonable amount of time after submitting the exam if they passed or failed the exam. If a student fails, he/she will be given written and in-person feedback about their performance and offered a remediation plan. Students who fail are required to re-take the exam prior to the fall semester. If the student fails the re-take exam the student’s course of study may be modified, she/he will be placed on Academic Probation and the student may be withdrawn from the program. A remediation plan will be developed. If the student fails the second re-take, the student will be withdrawn from the Program
4. **To demonstrate clinical abilities in treatment.** Program faculty and Clinical Supervisors review selected clinical sessions that have been video-taped. The Psychodynamic Practicum and CBT Practicum have different evaluation forms (See Appendix N) Students must meet minimal competency levels in both year-long Practica.
5. **Case Conceptualization:** As noted above, this exam was replaced by a series of requirements in clinically oriented courses. Faculty for each course will develop a remediation plan with the student should they not meet minimal achievement levels for this competency.
6. **Oral defense of RPII:** Students are informed immediately after the exam if they passed or failed the oral and will receive feedback on the required revisions for the document. Should a student fail the oral exam, the Research Advisor will review the student’s performance and schedule a re-take of the exam at an appropriate time. Graduation is contingent upon passing the exam.

PRACTICA, EXTERNSHIPS, AND INTERNSHIPS

Practica

Practica are distinguished from externships, which are 500-900 hour per year field experiences. Practica are experiences that are intricately connected to specified courses and occur in the Parnes Clinic. These experiences begin in the first year. The faculty responsible for the particular course supervises each practicum experience. Practica experiences occur in Cognitive Assessment I-II, Practicum in Child Assessment I-II, Appraisal of Personality, Neuropsychological Assessment (elective), and two years of Practicum in Child Therapy I-II (CBT and Psychodynamic – one year of each).

The Parnes Clinic is open for intakes (but not ongoing therapy appointments) during August. **Students who have completed the second year (rising third year students) should be prepared to take on clients from the last week in June through July, so they should avoid planning a vacation prior to August in order to accommodate case transfers.** Students will be informed if they will be assigned transfer cases in June so that they can make appropriate plans. **Third year students (rising fourth years) need to be available for intakes during August.** These intakes will be supervised by Drs. Doctoroff, Bate, Prout, and Wadkins. If you take a vacation in August, it cannot be for more than two weeks.

Students must be prepared to continue seeing their clients in the clinic through July. The only exception is when fourth year students are starting internship in July. In which case they will need to terminate with their clients prior to July 1. Students in the practica must have hours available before 5 PM on weekdays to schedule supervision.

Externships

The School - Clinical Child Psychology Externship-Internship Manual is available online at the program's website (click on Resources tab on the Program's web page). The manual details the procedures and requirements for the both the externship and the full-time internship. It details requirements for supervision and practice. The program has a long history of placing students in highly valued sites throughout the metropolitan area. Third- and fourth-year students can find a complete listing of all clinical externships in the New York metropolitan area by accessing the APA website. (URL: <http://psychpracticum.apa.org>) (Students can also obtain information about the sites by reviewing students' evaluations which are located in the Program Director's office.

Students are required to complete a minimum of 500 hours of supervised experience in the second, third- and fourth-year placements. The second-year placement occurs in a schooling facility. Students are required to gain approximately 500 hours of experience in a school or school-based facility during the course of their training. If students are unable to meet the 500-hour requirement at the school site, the Program will work with the student to augment their experience. The third year may be in a mental health facility, medical center, early childhood center, hospital, rehabilitation center or special-needs school. The fourth-year placement can be in a school or any of the alternatives mentioned above. In addition, students are required to register, each semester, for an externship Seminar (one-credit each semester) that is led by a faculty member. This seminar provides a platform to discuss relevant externship and internship issues. At the end of the fourth year the student will have acquired the equivalent of one full year of experience – 1750 hours. The fifth year Internship Seminar focuses on internship and post- internship professional development. Students are to follow the calendars at their Internship placement in terms of beginning and ending dates as well as “vacation periods.” **If Yeshiva's academic calendar indicates a vacation period and the site's calendar is in conflict, you are to follow the site's calendar.**

Externship Plan. Within one month of commencing the Externship, students must complete the “Externship Plan” and file it with the Program Director (See Appendix R_{ext} for a copy of the Plan). The plan needs to be signed by the student, the supervisor and the Program Director. Many sites now require a Memorandum of Understanding (Affiliation Agreement) and /or a Memorandum of Insurance prior to beginning the Externship experience. Both documents can be obtained from the Program Director.

Supervision of Externship and Internship Experiences (In-state and Out of State)

Students on externship and internship are required to register for Externship/Internship seminars each semester. The seminars are expected to meet on a weekly basis and provide students with an opportunity to discuss their experiences and deal with supervision issues. Students track their activities on the Monthly Summary Forms (See Appendix B) and evaluate their supervisory experiences monthly (See Appendix F2) that are submitted regularly.

If a student is on internship at a site that is not in New York, New Jersey or Connecticut, she/he will be required to have regular “internet-based” supervision with the Program Director and the Internship Director via SKYPE or other media venue.

Supervision requirements on Externship

1. The Externship includes an average of at least one hour per week of regularly scheduled formal, face-to-face individual supervision with the specific intent of dealing with school/clinical psychological services rendered directly by the Extern.
2. In addition to individual supervision, there is an additional average of at least one hour per week in scheduled learning activities such as: case conferences, seminars, in service training, etc. These activities may be in conjunction with other professionals.

Supervision requirements on Internship

Beginning in the 2019-20 academic year, students will not be permitted to apply for internships in schools or other non-accredited sites unless their “Internship Plan” stipulates **that the student will receive at least four hours of supervision a week- two of which must be individual supervision. This requirement is consistent with the SOA regulations, that state, “Interns receive at least 4 hours of supervision per week. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year” (page 18).**

Evaluation of Externships and Internships

Students’ externship and internship experiences are evaluated by supervisors who are employees of the site and who have been awarded an Adjunct Field Supervisor position from Yeshiva University. The competency-based evaluation form is completed on-line at SurveyMonkey.com at the end of each semester. The evaluation form can be found in Appendix E.

Full-time Internship

While the majority of our students complete their internships at APA-approved clinical settings, it is by no means a requirement to do so. Approximately 20% of each cohort completes the doctoral internships in school placements or non-APA accredited clinical internships.

Assuming all other program requirements have been successfully completed, the full-time internship will commence in the fifth year of the program. The full-time internship can occur in a school, hospital, early childhood center, medical center, rehabilitation center, community or mental health agency. The internship is the culminating educational experience for students and provides an opportunity to advance their skills and knowledge base and to demonstrate the high level of competence that they have achieved across all skills and knowledge domains during the prior four years of training. In most cases the internship will have a stipend attached to it. While on Internship, students must register for Doctoral Internship Seminars.

A full-time internship, in facilities other than schools, consists of a minimum of 35 hours per week, for a full year (12 months), or 1750 hours. In the case of a school placement, a full-time internship usually lasts 10 months – approximately 1500-1750 hours. In accordance with New York State regulations, internships can be completed over a two-year period.

It is expected that an appropriately credentialed employee or consultant to the internship agency will be the primary supervisor for all experiences. **“Interns receive at least 4 hours of supervision per week...The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.” (SOA, page 18)**

If a student is at a non-APA accredited site or a school, an Internship Plan needs to be completed and filed with the Program Director within a month of commencing the internship (see Appendix Rint). For non-APA accredited internships in school or MH centers the student and supervisor must provide a description of an educational plan that adheres to the internship principles delineated above. This description must be approved by the Program.

Students track their activities during Internship and non-APA accredited internships on the Monthly Logs (See Appendix B1 and B2) that are submitted at the end of each semester to the Program Director. Every student on Internship or internship must submit monthly summaries of their supervisory experiences (See Appendix F2)

Internship Statistics

Between 2005 and 2016, 125 of the 136 students (92.6%) who applied for APA/APPIC-approved internships received them. From 2017-2019, 45 students applied for APA-accredited internships and all of them matched at APA-accredited/APPIC-approved sites. In total, 100% of the students who applied for internships received them. These placements are among the most prestigious medical and educational placements available. While most students remain in the New York Tri-State area for their internships, others have been accepted at internships in Florida, Massachusetts, Texas, Michigan, Maryland, Delaware, California, Illinois, Louisiana, Washington, D.C., Ohio, New Mexico and Montreal and Toronto, Canada.

Students have interned at the following sites between 2003-19:

APA-accredited and APPIC –approved sites

| | |
|---|--|
| Andrus Children’s Services | Association for the Help of Retarded Children |
| Astor Child Guidance (Bronx and Poughkeepsie) | Baruch Counseling Center |
| Bellevue Medical Center | Bronx Psychiatric Center |
| Center for Neurological and Neurodevelopmental Health | |
| Child Guidance of Southern Ct | Clifford Beers Center, Ct. |
| Columbia Presbyterian Medical Center | Gouverneur Medical Center |
| Green Chimneys | Hannah Perkins Center for Child Development (Ohio) |
| Howard University Counseling Center | Jacobi Medical Center |
| Jewish Child Care Association | Kings County Hospital |
| Lincoln Hospital | Long Island Jewish Medical Center |
| Louisiana State University Health Center | Maimonides MC |
| Mt Sinai- Elmhurst Medical Center | mercyFirst |
| Montefiore Medical Center | Nassau University Medical Center |
| New Connections Academy. Illinois | NYC Center for Children: Queens Campus |
| NY Center for Child Development | North Central Bronx Medical Center |
| Northshore University Medical Center | NYU Langone Medical Center |
| Pleasantville Schools | Queens Children’s Psychiatric Center |
| Rutgers University Biomedical | School at Columbia |
| St Johns Center for Children. California | St Luke’s-Roosevelt Medical Center |
| Sunset Park Medical Center | The HELP Group (California) |
| Toronto Area Consortium | Towson University Counseling Center |
| Trinitas MC | Tulane University Medical Center |
| University of California- San Francisco MC | University of Texas Health Center (Houston) |
| Westchester Jewish Community Services | Woodhull Medical Center |
| Worcester Youth Services (Mass.) | Yale Medical Center- Psychiatry |
| Youth Consultation Service | |

Non-APA-accredited/non-APPIC approved clinical sites:

| | |
|--|--|
| Albert Einstein College of Med, ECC | Bikur Cholim |
| Brooklyn College Counseling Center | Hackensack Medical Center – Audrey Hepburn House |
| Holliswood Hospital | Jamaica Hospital |
| Jewish General Hospital- Montreal | Joan Fenischel Therapeutic Nursery |
| Lifeline Childrens Developmental Center | Montefiore MC- Neuropsychology |
| Mount Sinai MC | New York Psychoanalytic Institute |
| St Mary’s Hospital- Bayside – Neuropsych | South Nassau Medical Center |
| The Graham School | Westchester Institute for Human Development |

School sites

| | |
|-------------------------------------|---|
| Abraham Heschel School | Ardsley Schools |
| Baltimore, Md. Schools | Bilingual School, Ct |
| Buckley School | |
| Commack Schools | Dade County Schools. Florida |
| Dobbs Ferry Schools | Dwight-Englewood School. NJ |
| Elmont CSD | Fair Lawn, NJ Schools |
| Frisch Yeshiva | The Gateway School |
| Great Neck Schools | Harrison Schools |
| Hewlett Schools | Lowell School |
| Manhattan Center for Early Learning | Mary Mc Dowell School |
| Newark, NJ | New Rochelle Schools |
| Newton, Mass PS | Port Washington Schools |
| Ramaz Hebrew Day School | Robert Louis Stevenson School |
| Scarsdale Schools | Solanter Academy of Riverdale |
| The Summit School | Syosset Schools |
| Teaneck, NJ Schools | Three Villages CSD |
| Westport, Ct Schools | Westchester School for Special Children |
| White Plains Schools | |

How to apply for a clinical internship

There is a different internship application process for clinical and school settings. The application process for the APA/APPIC clinical internships begins in summer after the third year. It is comprehensive and requires detail to organization. The application involves the completion of extensive information about clinical experiences (much of which is available from your monthly externship logs), four essays, cover letters, 3-4 recommendations and other material. If your application is reviewed positively, you will be invited for interviews. The interviews usually occur between December 1 and January 25. (Do not make vacation plans during this period of time.) After all interviews have been completed both the applicant and the sites rank order their choices and submit the lists to the National Match Service. Students are notified by APPIC, on-line, of acceptance or rejection in the latter part of February (the specific date changes each year).

Actions to be taken:

1. Students should review the available materials that describe internship sites at the end of the spring semester of the third year. APPIC-approved and APA-accredited sites are listed online at www.appic.org. The site will describe internship requirements, application procedures and activities.
 - i. Download all information from the internship sites. Register for the APPIC list serve. DO NOT REGISTER FOR THE MATCH UNTIL YOU ARE GIVEN PERMISSION TO DO SO BY THE PROGRAM DIRECTOR.

2. Permission to apply for the internship is contingent upon the successful completion of Research Project I and the formulation of a proposal for Research Project II. Completion is signified by your research advisor's written approval of Research Project I. The deadline for approval is usually October 1 of the fourth year for APA/APPIC applicants and non-APPIC applicants.
3. Things to do in preparation for the internship application process:
 - i. Internship sites will usually require three letters of recommendation from faculty members and/or clinical supervisors. Students should request at least one letter from faculty and two from supervisors. Request these letters in the latter part of the spring semester or as early as possible in the fall semester;
 - ii. Because the application is entirely web-based, all recommendations will be submitted directly to the appropriate URL that you will supply to recommenders.
 - iii. Part Two of the application requires information from the Program Director. Notify the Program Director of the date on which Research Project I was signed. The Program Director will inform you of the actions you need to take to fulfill this step.
 - iv. Prepare a curriculum vita. (c.v.) See your advisor for assistance in developing the c.v. A template is provided in the Program's Externship-Internship Manual.
 - v. Prepare one or two "full psychological evaluations" and one clinical case report that were completed in the past year. Review your cases and select the appropriate reports.
 - vi. A first draft of each of the four required essays is to be submitted to your research advisor on a prescribed timeline- a different essay is to be submitted every two weeks beginning on June 15. By August 1, your advisor should have received at least one copy of each essay.
4. Several meetings will be held with the students and program director during the spring and fall semesters to prepare students for the application process. One meeting is usually held with students from the new internship class to help prepare incoming fourth year students.

Please be aware that you will be in competition for these internship placements with students from other combined programs, school psychology, clinical psychology, health psychology and counseling psychology training programs from across the country. It is recommended that you consider applying to placements in parts of the United States other than the New York metropolitan area. Students who have successfully gone through the internship process are also available for advisement.

How to apply for a school internship

Before you begin this process, you should apply for Provisional Certification in School Psychology. Students are eligible for NYS Certification after completing the third year in the program. Requirements can be found at: <http://eservices.nysed.gov/teach/certhelp/CertRequirementHelp.do#cfocus>. Certification is a significant achievement and will be viewed as such by Directors of Pupil Personnel Services at the prospective internship sites.

The application process for a school internship differs significantly from the clinical internship.

1. The application process is not uniform across sites. Each school district or clinical facility has its own process and deadline dates for submission of materials.
2. To be eligible to apply for a school internship, Research Project I and a proposal for RPII must be completed no later than October 1.
3. Notify the Program Director of your intention to complete a school internship. The Director will provide the student with a list of school districts in the New York Metropolitan area that provide school psychology internship training.

4. The student commences the search for an internship by calling each district during the early part of the Fall semester.
5. Students will need an updated CV and at least three recommendations.
6. There are no uniform deadlines for notification of acceptance. Each district makes its own regulations and procedures. In most cases the school district will inform the student of acceptance before the end of December.

EVALUATIONS

We use a multi-method/multi-respondent system for student evaluations.

Evaluations by faculty: Course instructors evaluate students. The evaluation may consist of examinations, term papers, and classroom participation. Students are evaluated for knowledge, skills and professional attitudes. Check course syllabi for specifics. **Attendance and Class Participation rubrics** are found in Appendix T.

In addition to regular course evaluations by instructors, the faculty evaluates the skills, knowledge and professional attitude of each student twice a year. The evaluation that is conducted at the end of the fall semester is considered a Progress Report and provides the student with an overall competency rating as well as verbatim comments from each faculty member about the student's performance. These comments and ratings are meant to provide guidance for the students and a baseline against which to evaluate further progress. The second evaluation is conducted at the end the academic year. This end-of-the year evaluation is more comprehensive and focuses on 21 program specified competencies (see below). The final evaluations include comments from all course instructors, clinical and field supervisors and program and research advisors. The evaluations are competency based and use metrics developed by the faculty. Summaries of these evaluations are sent to students and copies are held on file.

The Faculty, externship and internship supervisors rate the students on the following competencies, as do the students:

1. **Academic Performance** (demonstrates knowledge of specific content areas and the relation of science to practice) (*faculty only*)
2. **Administration, Scoring and interpretation of psychological and psychoeducational instruments:** (highest score requires: can apply concepts of typical atypical behavior to case formulation and in the context of stages of human development and diversity)
3. **Data Collection** (Interviews, intakes, establish rapport, record review)
4. **Communication skills** (active listening, communicate effectively; communicates clearly using verbal, non-verbal, written skills in a professional context)
5. **Writing skills** (report writing, provide pragmatic and related recommendations; clarity, use of APA style for academic papers)
6. **Intervention skills** (develop treatment plans using a consistent theoretical orientation with specified goals, apply treatment strategies; prepared for sessions, evaluating progress; provides effective treatment, manage termination, establish alliance)
7. **Adherence to ethical and professional standards** (demonstrates knowledge of APA Ethical Principles and Code of Conduct; knowledge of Federal/state laws; mandatory reporting; ethical decision making to practice; integrates own moral principles/values)

8. **Competence in regard to cultural, ethnic and individual differences** (applies knowledge, sensitivity and understanding regarding individual and cultural diversity issues to work effectively with diverse others; applies knowledge of self as a cultural being)

9. **Response to supervision** (openness to observations and recommendations; prepared for supervision; incorporates feedback into practice; has basic knowledge of supervision models)

10. **Research** (demonstrates skills and habits in seeking, applying and evaluating theoretical & research knowledge relevant to the practice of psychology; knowledge of application of scientific methods to evaluating practices, interventions and programs; consumer of research)

11. **Completion of assignments in a timely manner** (consistently punctual, reliable and fulfills assignments)

12. **Interpersonal & collaborative skills** (participates effectively in class, team meetings & multidisciplinary assignments; forms & maintains productive & respectful relations with clients, peers, supervisors and other professional; handles conflict well)

13. **Self-reflective practice** (displays self-awareness; self-monitors, self-assessment of competence; awareness and attitude towards need for self-care)

14. **Realistic sense of strengths and challenges** (recognizes limits of knowledge, skill and self)

15. **Emotional Maturity** (Social competence, openness to new ideas; non-defensiveness; manages boundaries)

16. **Professionalism** (displays emerging professional identity, integrity, deportment, accountability, reliable, dependable, willingness to consider alternatives)

17. **Knowing how the system works** (works effectively with other professionals; understands the culture of the system; promotes change at the individual and systems levels)

18. **Evidence-based Practice** (knowledge of empirical bases of assessment; linkage of assessment to treatment; effective use of EBI)

19. **Build client-therapist alliance**

20. **Consultation** (demonstrates knowledge of consultant's role; ability to select appropriate means of assessment to answer referral question; responds to consultation requests & provides feedback in timely manner; assesses needs of others)

21. **Supervising others**

In addition to the formal evaluation process mentioned above, part of every faculty meeting is focused on discussing the students' academic and professional performance. If a faculty member notes a problem, a discussion will ensue with input from everyone familiar with the student.

The faculty advisor can then meet with the student to relay the program's concerns. A written statement may also be sent to the student and a copy will be kept on file. The advisor acts as the student's advocate and will report back to the faculty at the next scheduled meeting. Students may address the program faculty, as a whole, to present their views of the issues.

Child Therapy Practica Evaluations:

Students in the third and fourth years are assigned a minimum of two individual therapy cases each year. Supervision is conducted in small groups by full time faculty and individually by a licensed psychologist who has volunteered to supervise the student's cases. These experiences are evaluated twice a year by the individual supervisor as well as by the faculty member. (See Appendix D1 and D2: 3rd and 4th Year Psychotherapy Practicum Evaluation forms.) As noted above, a video of at least one selected therapy session will be reviewed and evaluated by faculty. (See Appendix N for Evaluation Guidelines.)

Field Supervisors' Evaluations:

The externship/internship supervisor evaluates students twice a year on issues of knowledge, skills and attitudes. The evaluation that is conducted at the end of the fall semester is considered a Progress Report and provides the student with an overall competency rating as well as verbatim comments from the field supervisor. These comments and ratings are meant to provide guidance for the students and a baseline against which to evaluate further progress. The second evaluation is conducted at the end the academic year. This end-of the year evaluation is more comprehensive and focuses on the same 21 program specified competencies mentioned above. Internship/externship coordinators are encouraged to review the evaluations in person with the student.

If any problems are noted, the Program Director or another faculty member will contact the supervisor for clarification and will discuss the issues with the student. The feedback from the supervisor is critical for a complete evaluation.

The Program Director makes every effort to stay in touch with the field supervisors during the year. The Program has made extra efforts to site visit as many placements as possible in any given academic year. We place great importance on developing personal contacts with the supervisors and forming relationships between our Program and the field placements.

Externship-Internship Experience Form: Students are required to log their experiences each month. For the past ten years, student have been using a Program developed tracking system. The Program permits students to use the Program-developed system or Time2Track to track their hours and activities. The latter system permits students to upload all their information directly into the AAPI application and is equally useful for those students applying for school psychology internships.

Monthly Supervisory Summaries: This form (See Appendix) needs to be submitted monthly. It reviews the students' experiences with their supervisor and requests a monthly evaluation of the supervisory experience.

Attestation Forms: At the end of each academic year, field supervisors complete an Attestation Form that verifies completion of the externship/internship, the timeline, responsibilities and supervision hours. This document resembles the NYS documentation that is required for licensure (see Appendix J). Students should make copies of all attestation forms for their own files. These forms may be needed in future years for varied licensing and professional documentation.

Evaluation of Externship-Internship by students: Students are asked to evaluate their externship and internship experiences at the end of each academic year. These surveys are anonymous and are on file for other students to review. (See Appendix F1)

Competency Examination: The fields of school and clinical child psychology have moved towards competency-based assessment. As mentioned above, students need to demonstrate that they have acquired the skills, attitudes and knowledge required of them at different phases of their professional development.

Oral Defense of Research Projects: This examination follows the completion of Research Project II.

At this examination:

- The primary sponsor and two faculty members or "outside readers" are present at the examination.
- The student makes a 15-20 minute oral presentation of their research, including a statement of the problem, a brief review of the literature, a review of the methodology, results and interpretation of the findings. Most students make a PowerPoint presentation.
- The faculty members/readers have the opportunity to question the student on any aspect of their research.
- After the questioning has been completed, the student is asked to leave the room and the faculty discusses and evaluates the student's written and oral presentations.
- The student is then asked to return to the room and the determination is discussed.
- The oral presentation and written document are evaluated using the guidelines in Appendix L.

Evaluations of Faculty: Students evaluate each faculty member with whom they take classes. Course and faculty evaluations are conducted at the end of each semester. Students are asked to evaluate the instructor of each course. These evaluations are anonymous and are reviewed by the Dean and Program Director. Feedback is given to faculty members by the Program Director. (See Appendix H.) Research students and TAs are also able to evaluate their advisors using a different form (See Appendix T.) The Program Director provides feedback to faculty members at the end of each academic year. The Dean will provide additional feedback as needed.

Self-evaluation: Annual Student Survey: At the end of each academic year students complete a self-evaluation in which they review their own goals and accomplishments and evaluate their competencies in all domains (see Appendix G and O).

RESEARCH REQUIREMENTS

Students are required to complete two research projects. Research Project I is a critical review of the literature in a selected area of research. This project should generate hypotheses for further study. The second project (Research Project II) may be an empirical study, a case study, an evaluation or outcome study, a meta-analysis, a qualitative study or in some cases a replication. The research topics that are selected must be of mutual interest to faculty and student and relevant to the field of school-clinical psychology. Research Projects I and II are supervised by the same faculty member.

Matching process:

Faculty present research topics of interest to first year students at a scheduled meeting at the end of the first year.

- Date of presentations: late spring semester of first year.
- Students will receive information about the protocol for mentor selection during the spring semester.
- No student will be informally or formally matched with a faculty research advisor in advance of the official matching time designated.
- After faculty presentations, students submit a ranked list of 3 potential research advisors to Dr. Givner with a brief rationale for their choices.
- Faculty can receive updated CVs for students who ranked them.

- Faculty have the opportunity to meet with students to discuss mutual research interests (either in small groups – depending on the number of interested students – or in individual meetings).
- A faculty meeting will take place to discuss how to best match students and faculty.
- Consideration of the current number of students a faculty member is mentoring will be considered in assignments.

The requirements, forms and procedures to fulfill the research requirements for the Psy.D. degree are delineated in Research Requirements for the Psy.D. Degree Handbook. It can be downloaded from our Program’s website by clicking on “PsyD Research Handbook 2018” on the left panel.

IRB and IRIS

Please review the section concerning IRB and IRIS in the Research Manual for complete details.

Before a student is permitted to commence their research, the AECOM Internal Review Board must review the proposal. Prior to any submission, every student must complete the on-line CITI ethics course. All students in the school need to take the CITI course - this is the research (ethics) course that is offered thru the Einstein IRB. The course takes about 2-6 hours- it can be done in as many sittings as needed.

To register for the course go to <http://www.einstein.yu.edu/administration/institutional-review-board/irb.aspx?id=28082#new> and click on: Individuals taking CITI for the first time

All proposals are submitted online through the IRIS system. The IRB offers a course that prepares you to submit your research proposal for their review. It is also possible to submit without taking the IRIS course.

Upon completion of the written portions of Research Projects I and II, the student takes an oral examination on their research.

CERTIFICATION AND LICENSURE

Certification

Students are eligible to apply for New York State Provisional Certification as a School Psychologist after the third year in program and after they have completed a prescribed 60-credit course of study and externship experiences that were approved by the School-Clinical Child Psychology faculty. Provisional Certification is a requirement for **employment** in the NYS public schools and is a significant asset when applying for school psychology internships. It is not required, but it may be helpful for working in private schools, and school-based mental health programs.

We recommend that you delay applying for Provisional certification **unless you plan on doing a fourth-year externship in a school or a fifth-year internship in a school.** The reason for delaying is that NYS requires that you complete two years of paid school psychology experience within a five-year period - after applying - to get FULL (lifetime) Certification. If you are not planning on working in the New York State public schools then you should delay applying for certification until you are sure you want employment in the schools. If you delay applying for provisional certification then the 5-year rule, mentioned above, begins upon application. It is advisable to discuss the options with your faculty advisor and the program director. Application is made on-line to the State Education Department, Division of Teacher Certification at:

<http://eservices.nysed.gov/teach/certhelp/CertRequirementHelp.do#cfocus>.

Our Program codes are 11056 for Masters degree and 80361 for doctoral program.

Apply online using the Program's recommendation option.

Other requirements. If you ever plan on working in a school, you will need to complete these three workshops. If you ever plan on working with children, you will need to complete the Child Abuse Identification and Reporting Training and have background check/fingerprinting.

1. If you are in the first or second year, you should complete an online course to fulfill the ***Child Abuse Identification and Reporting Training, NYS***

- All applicants for certification must complete two clock hours of coursework or training in the identification and reporting of suspected child abuse and maltreatment, as required by Sections 3003(4) and 3004 of the Education Law. This training is available only from a provider approved by the New York State Education Department. A list of service providers is available on the [Child Abuse Identification and Reporting Providers](#), Web page maintained by the Office of Professions at , <http://www.op.nysed.gov/training/caproviders.htm>. Contact the individual provider for workshop registration dates and times. Please note that some providers offer training that exceeds the two-hour minimum. Also, fees vary from provider to provider. Upon completion of the workshop, the provider will give you a Certification of Completion.
- Please make a copy of the Certificate of Completion and submit it to Dr. Wadkins. Hold onto the original; make copies for your files. You will need it when applying for certification and employment.
- If you already completed the course, please be sure we have a copy of the certificate.

2. ***School Violence Intervention and Prevention Training***

- All applicants for a certificate on or after February 2, 2001, must complete two clock hours of coursework or training in school violence prevention and intervention, as required by section 3004 of the Education Law. Training in school violence prevention and intervention is available through registered teacher education programs at New York State colleges and universities, eight Coordinated School Health Network Centers (via certain BOCES), and other service providers approved by the State Education Department.
- A list of service providers is available on the [Approved Providers of Training](#) Web page maintained by the Office of Elementary, Middle, Secondary, and Continuing Education at http://www.p12.nysed.gov/sss/ssae/schoolsafety/save/SVPIWP_Provider.html. Contact the provider for workshop registration dates and times. Please note that some providers offer training that exceeds the two-hour minimum. Fees vary by provider. Upon completion of the workshop, the provider will give you a Certification of Completion.
- We will provide this training free of charge for current FIRST-, SECOND- and THIRD-year students and those in fourth or fifth year who haven't yet completed it. We recommend that you take this training and not delay. WE HAVE OFFERED THE TRAINING EVERY TWO YEARS, BUT THAT SCHEDULE CANNOT BE GUARANTEED
- Please make a copy of the Certificate of Completion and submit it to Dr. Wadkins. Hold onto the original; make copies for your files. You will need it when applying for certification and employment.
- If you already completed the course, please be sure we have a copy of the certificate.

3. ***The Dignity for All Students Act***

- New York State's Dignity for All Students Act (The Dignity Act) seeks to provide the State's public elementary and secondary school students with a safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at

a school function.

- The Dignity Act was signed into law on September 13, 2010 and took effect on July 1, 2012. Amendments to the act are effective as of July 1, 2013
- Additionally, under the Dignity Act, schools will be responsible for collecting and reporting data regarding material incidents of discrimination and harassment.
- Information about DASA can be found at <http://www.highered.nysed.gov/tcert/certificate/dasa-applicant.html>
- All applicants for a certificate on or after December 31, 2013 are required to complete six clock hours of coursework or training in Harassment, Bullying and Discrimination Prevention and Intervention in accordance with Article 2 Sections 10-18 of the Education Law.
- Training in Harassment, Bullying and Discrimination Prevention and Intervention is available only from a provider approved by the New York State Education Department. A list of providers is available on the [DASA providers](#) Web page. Contact the provider for workshop registration dates and times. Please note that some providers offer training that exceeds the six-hour minimum. Fees vary by provider.
- The provider will electronically upload your workshop completion to TEACH within 21 days. No paper workshop completion form will be required if your provider electronically uploads your completion information.
- Applicants who complete a registered teacher education program with a graduation date of December 31, 2013 or later will be provided the required training as part of their teacher education program. These applicants, if recommended for a teaching certificate by the institution, do not need to submit a Certification of Completion.
- DASA training has two parts:
 - Program faculty will offer the first two-hour didactic segment on campus. Once completed, your name will be submitted to Yeshiva University which will offer the second part of the training ONLINE. You must complete the first part before taking the second part.
 - You can also take the DASA training elsewhere for a fee. If you Google "DASA" training, you will see that sites such as TC or St Johns and others offer this training for a fee.
- Regardless of how you acquire the certification, please make a copy of the Certificate of Completion and submit it to Dr. Wadkins. Hold onto the original; make copies for your files. You will need it when applying for certification and employment.
- If you already completed the course, please be sure we have a copy of the certificate.

4. *Fingerprinting*

- Candidates applying on or after July 1, 2001, must be cleared by the New York State Education Department through a fingerprint-supported criminal history background check. This includes all applicants for certification, as well as all prospective employees of school districts, charter schools and boards of cooperative educational services (BOCES). Candidates fingerprinted and cleared by the New York City Board of Education after July 1, 1990, may submit that clearance to the Department to satisfy this requirement.

Detailed information and forms (including the form to submit New York City clearance information to New York State) can be found at the Office of School Personnel Review and Accountability (OSPRA) Web site <http://www.highered.nysed.gov/tcert/ospra/>

Students who wish to be certified in other states need to request information from the individual State's Department of Education. Information about National Certification is also available from the program director. National Certification in School Psychology has benefits if you plan on re-locating at any time in your professional career. You can access information about National Certification at: <http://www.nasponline.org/certification/index.aspx> The process to receive

national certification is somewhat simplified because we are a NASP approved program.

Any student may apply for the Bilingual School Psychology Extension. This option adds six credits to the course of study. You can review this information in a prior section of this Handbook.

New York State Law Regarding Licensure and Limited Permit

Licensure requirements in New York State are processed through a different department in the New York State Department of Education. Licensure in New York State is generic. Requirements for licensure are detailed at: <http://www.op.nysed.gov/prof/psych/psychlic.htm>

After all PsyD degree requirements have been fulfilled; students are eligible for graduation. To be licensed as a Psychologist in New York State, a graduate must accumulate 3500 hours of experiences that were supervised by a licensed psychologist. The traditional way to accumulate the 3500 hours is to gain 1500-1750 hours from your pre-doctoral Internship experience and the remainder from postdoctoral experience. NYS regulations permit students to take the Licensing Examination after he/she graduates from the Program **and** has accumulated 1750 hours of supervised experience. The regulations in other states may differ and need to be discussed with your advisor. When you pass the licensing examination you are permitted to use the title, "PSYCHOLOGIST." Until you pass the examination you cannot use that title, although you can be called, "Doctor."

The New York State Legislature passed the Scope of Practice amendments to the Psychology Licensing Act in 2003. The key element in this legislation is the change in our licensing law from "title protection" to "practice protection."

Previously, it was illegal to offer your services to the public for a fee as a **Psychologist** unless you were licensed. However, anyone could offer psychological services to the public under an unprotected title such as clinician, counselor, therapist, etc. As of 2003, **it is illegal to offer the public any of the services deemed psychological, under any title, unless you are a licensed psychologist.**

If you are in a recognized psychology training program you are exempt from this provision while doing required externships and internships under supervision. To repeat, if you are on externship or internship you can continue to deliver psychological services. Once you complete degree requirements you will be able to apply for a 2-year limited permit while working under supervision to complete postdoctoral hours required for licensing.

However, if you complete your required internship and have not yet completed doctoral degree requirements (your research requirements), a strict interpretation of the law is that you may not continue doing psychological work as a therapist or a clinician or some other non-psychological title. Until now it has been common practice, post-internship, to continue at that agency, to begin a post-doc, or to find similar work elsewhere while completing the doctorate. If you are working as a certified school psychologist in a school, you are probably exempt from this law. It is incumbent upon you to speak with the agency where you are working to determine if they are an exempt agency and what your future status will be.

FACULTY: TEACHING AND RESEARCH

Full Time Faculty

There are eight core members of the School-Clinical Child Psychology Program. Their responsibilities include teaching, research supervision, grade advisement and in some cases, clinical supervision. Advisement includes issues related to course schedules, transfer credits, career planning, professional involvement, student-faculty relations, grievances and professional socialization. All faculty CVs can be found on the Program's web site.

Jordan Bate, Ph.D. (The New School for Social Research) Assistant Professor; Licensed Psychologist. Dr. Bate joined the School-Clinical Child Psychology faculty in 2018 and teaches the following courses: Cognitive Assessment, Practicum in Child Therapy I-II: Psychodynamic, and Working Clinically with Children, Parents and Families, Research Labs I-II.

Research: The Attachment & Psychotherapy Process lab applies attachment theory and research to the study of psychotherapy process in psychodynamically oriented child and family psychotherapies. Treatments studied include those aimed at preventing child maltreatment, promoting secure relationships for children in foster care, and supporting perinatal women and their families. Research questions focus on what makes psychotherapy interventions effective and how to train clinical psychologists in work with children, parents, and families. The lab studies risk factors for and the effects of relational trauma, factors impacting engagement and selection of a treatment modality, the development of the therapeutic relationship, particularly how clinicians effect change in child and family treatment, and the effectiveness of clinical training and supervision.

Greta Doctoroff, Ph.D. (University of Massachusetts, Amherst), Associate Professor; Licensed Psychologist. Dr. Doctoroff joined the School-Clinical Child Psychology faculty in 2008 and teaches the following courses: Developmental Psychopathology, Evidenced-based Interventions for Youth I, Practicum in Child Therapy CBT :I-II, and Research Labs I-II.

Research: The Early Childhood Research Lab at Ferkauf focuses on understanding the relation between young children's social-emotional, behavioral, and academic competence during early childhood. Most of Dr. Doctoroff's work has focused on children and families at-risk for negative outcomes due to poverty and associated risk factors. She has a particular interest in parenting, teacher-child relations, and the development and maintenance of Internalizing problems.

Dr. Doctoroff's published work includes studies focused on the development of early academic skills, the assessment of Internalizing behavior, observational research examining classroom and parent-child interactions, parent involvement in preschool, and school-based prevention and intervention programs for at-risk children and families. The goal of her research program is to identify key mechanisms in the development of children's social-emotional and academic competence, and to apply this knowledge to the development and evaluation of cost-effective, feasible prevention programs in home and preschool settings that target parenting and teaching.

Abraham Givner, Ph.D. (Yeshiva University) Director of Clinical Training; Professor, Ferkauf-Silverstein Chair in School Psychology; Licensed Psychologist; Nationally Certified School Psychologist. Dr. Gviner joined the faculty in 1972 and teaches the following courses: Externship Seminar III-VIII; Research Labs I-II.

Research: Dr. Givner is primarily interested in archival studies that will analyze four years of data on the development of the New York New Jersey Internship Guidelines. The sample consists of approximately 2,000 graduate students, 400 Internship sites and 28 doctoral programs. He is also interested in re-visiting an examination of Combined Integrated doctoral programs, ten years after the initial studies were conducted. Other topics include, Student and faculty attitudes towards cheating and plagiarism in graduate school and its consequences; Conflict between religious dogma and "best practices" in psychology; The Conscience Clause and its effect on graduate education; Accommodations in graduate schools, Plagiarism issues and the use of computers in the graduate training.

Erum Nadeem, Ph.D. (University of California, Los Angeles) Associate Professor, Licensed Psychologist. Dr. Nadeem joined the School-Clinical Child Psychology faculty in 2015. Teaches the following courses: Practicum in Child Assessment I-II; Evidenced-based Interventions for Youth II; Research Methods in Professional Psychology; Research Labs I-II.

Research: Dr. Nadeem studies the quality of mental health care and the implementation of evidence-based treatments in schools and community settings. She is currently completing a study utilizing a community-partnered research approach to improve trauma care in schools, is conducting research focused on teacher consultation supporting the use to effective classroom practices for students with behavioral needs, and is collaborating on a project designed to improve access to early services for young children at risk for autism spectrum disorders. Dr. Nadeem also conducts observational and intervention studies focused on the implementation of evidence-based treatments for a range of childhood disorders across New York City and New York State through partnerships with community clinics. Finally, Dr. Nadeem has strong research interests in Latino mental health, community partnered research methods, and ethnic disparities in mental health and academic outcomes. Dr. Nadeem is a national trainer and expert in the Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and an investigator in NYU's IDEAS Center for improving the implementation of evidence-based services for children and families (PI, Kimberly Hoagwood).

Tracy Prout, Ph.D. (Fordham University) Associate Professor; Licensed Psychologist. Dr. Prout joined the School-Clinical Child Psychology faculty in 2013 and teaches the following courses: Adult Personality and Assessment, Psychodynamic Theory and Practice with Children and Families I-II, Psychodynamic; Practicum in Child Therapy I-II; Research Labs I-II

Research: There has been increasing emphasis over the last several decades on the development of effective treatments with a strong evidence base. The majority of this research has been conducted to develop and validate cognitive behavioral approaches. Psychodynamic researchers have lagged behind in developing structured, clearly defined interventions that work. Dr. Prout's lab seeks to evaluate psychodynamic therapeutic approaches for children and adolescents and to learn more about the internal processes that are associated with psychological distress and mental health.

Regulation Focused Psychotherapy for Children (RFP-C; Hoffman, Rice, & Prout, 2016) is a novel, manualized, time-limited psychodynamic treatment approach for children who manifest disruptive behaviors and emotional dysregulation. RFP-C conceptualizes children's Internalizing behaviors as expressions of maladaptive defenses or impaired emotion regulation (ER). This 16-session psychotherapy method (plus four sessions with parents) operationalizes individual therapy approaches (play plus interaction) for children with Internalizing behaviors, including ODD and the new DSM-5 diagnostic category of disruptive mood dysregulation disorder (DMDD).

Esther Stavrou, Ph.D. (The Pennsylvania State University) Associate Clinical Professor; Licensed Psychologist; Nationally Certified School Psychologist. Dr. Stavrou joined the School-Clinical Child Psychology faculty in 1994 and teaches the following courses: Cognitive Assessment; Psychoeducational Assessment; Professional and Ethical issues in School-Clinical Psychology; Contemporary Issues in School Psychology; Externship Seminar I-II; Research Labs I-II.

Research: Dr. Stavrou's research aims to address practical questions and problems encountered by school psychologists on a daily basis. Since assessment is still an important part of the school psychologist's role, her research has focused on issues surrounding the utility and validity of the tests and other assessment procedures used by school psychologists. For example, an area of particular interest as a bilingual school psychologist has been the appropriateness of IQ tests for children from different cultural backgrounds. As someone who trains students in psychological report writing, she is also interested in researching ways to improve the utility of psychological reports.

Another important role for school psychologists involves consultation with parents and school personnel. She is interested in the factors that impact the consultant-consultee relationship as they relate to outcomes for students. This interest in consultation combines with her interest in report writing in studying the factors that increase the likelihood

that parents and educators can and will follow through on recommendations made in reports.

A somewhat divergent area of research has been the impact of chronic illness on the academic and social functioning of school children. Again, this addresses a practical concern of school psychologists as many report that they frequently work with chronically ill students and their families, but feel limited in their training in this area. Her students collaborate with faculty in our Clinical Health Psychology program as well as researchers at Yeshiva University's Albert Einstein College of Medicine to conduct research on the impact of chronic illness on school functioning as well as the school psychologist's role in fostering resilience and minimizing risk in children with chronic medical conditions

Melanie Wadkins, Ph.D. (Fordham University) Program Director; Associate Professor; Licensed Psychologist. Dr. Wadkins joined the School-Clinical Child Psychology faculty in 2010 and teaches the following courses: Practicum in Child Therapy: CBT I-II; Externship Seminar III-VI; Research Labs I-II.

Research. The Ferkauf Anxiety Research Laboratory (FAR Lab) aims to conduct research that contributes to a better understanding of anxiety and related disorders. Projects are focused on improving the quality of life of children and families affected by anxiety disorders through identifying relevant aspects of living with anxiety that, if targeted, may help to improve evidence-based treatment.

Current projects include those focused on the basic emotion of disgust and its relationship to the maintenance and development of psychopathology, including anxiety disorders, depression, and eating disorders. In particular, we have recently investigated the role of disgust in relationship to intolerance of uncertainty, scrupulosity, and obsessive-compulsive symptoms and the links between disordered eating attitudes, mindfulness, and disgust among Orthodox Jewish participants. Disgust is an understudied emotion which is often times neglected in treatment, despite emerging evidence of its relevance in the development and maintenance of anxiety disorders.

Adjunct Faculty (2019-2020)

| | |
|----------------------------|---|
| Alison Baren, Ph.D. | Social Bases of Behavior |
| Stephen Cubbellotti, Ph.D. | Statistics |
| Shana Grover, Ph.D. | Practicum in Child Assessment I-II |
| Karen Hazel, Psy.D. | Practicum in Child Assessment I-II, Neurodevelopmental Disorders, Neuropsychological Assessment |
| Elizabeth Iskander, Ph.D. | Biological Bases of Behavior |
| Nicholas Naccari, Ph.D. | Cognitive Assessment and Psychoeducational Assessment |
| William Salton, Ph.D. | Adult Psychopathology |
| Mana Shafie, Ph.D. | Appraisal of Personality, Adult Psychopathology, Practicum in Child Assessment I-II |
| Marina Stolerman, PsyD. | Integrating Race/Gender in Multiculturalism |
| Lynne Thies, Ph.D. | School Consultation and Supervision; Consultation-based Interventions |
| Wen Gu, Ph.D. | Practicum in Child Assessment I-II |

Adjunct Clinical Supervisors (2019-2020)**CBT Practicum**

| | |
|---------------------------|-----------------------|
| Dr. Margaret Areizaga | Dr. Dina Kalnicki |
| Dr. Shelley Avny | Dr. Steven Kurtz |
| Dr. Giselle Colorado | Dr. Jocelyn Lichtin |
| Dr. Angelica de la Fuente | Dr. Jessica Masty |
| Dr. Regine Galanti | Dr. Justin Misurell |
| Dr. Charles Gewirtz | Dr. Kathy Pruzan |
| Dr. Katherine Gibson | Dr. Perella Perlstein |
| Dr. Meredith Grossman | Dr. Erica Schubert |
| Dr. Stephanie Jacobs | |

Psychodynamic Practicum

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|------------------------|----------------------|
| Dr. Kenneth Barish | Dr. Lenore Labi Ades |
| Dr. Brenda Bauer | Dr. Tara Liberman |
| Dr. Will Braun | Dr. John Mathews |
| Dr. Alex Camargo | Dr. Elysa Safran |
| Dr. Talya Cohen | Dr. William Salton |
| Dr. Emma Gaines | Dr. Danielle Sessler |
| Dr. Nadia Hidayatallah | Dr. Lu Steinberg |
| Dr. Russel Hoffman | Dr. Allison Taylor |
| Dr. William Jock | Dr. Sam Weisman |
| Dr. Carolyn Khanian | Dr. Kseniya Yershova |

Adjunct Field Supervisors 2019-2020

| Contact person | Extenship/Internship site |
|--------------------------|---|
| Dr. Adina Shrage | SAR Academy |
| Dr. Ami Norris-Brilliant | Mt. Sinai Division of ADHD, Learning Disabilities and Related Disorders, Neuropsych Track |
| Dr. Amy Morgenstern | JCCA Bronx |
| Dr. Ashley Golub | New Alternatives for Children |
| Dr. Barbara Prempeh | Newark Beth Israel- Game Based CBT |
| Dr. Bradley Schwimmer | Mt. Washington Pediatric Hospital |
| Dr. Daniel Gensler | William Alanson White Institute |
| Dr. David Miller | Maimonides Medical Center |
| Dr. Deborah Elkind | Mt Sinai Seaver Center |
| Dr. Deborah Ostrov | NY Foundling Queens |
| Dr. Denise Sandole | Union City High School |
| Dr. Edward Greenblatt | New York Center for Children (NYCC) |
| Dr. Elizabeth Allen | New York Presbyterian-Westchester Division Child & Adolescent Inpatient Track (with anxiety and related disorders emphasis) |
| Dr. Elliot Cohen | Scarsdale Middle School |
| Dr. Endra Henry | NYC Children's Center Queens |

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|------------------------|---|
| Dr. Erica Heitner | NYCCC Bronx |
| Dr. Erin Rivelis | CERC Child & Adolescent |
| Dr. George Collins | Gouverneur |
| Dr. Gregory Benson | Rutgers UBHC |
| Dr. H. Allison Bender | Mount Sinai Epilepsy Center |
| Dr. Hannah Knafo | CERC Under 5 |
| Dr. Jacqueline Russo | Pleasantville Union Free School District |
| Dr. Jane Martin | Mt. Sinai Neuropsychological Testing and Evaluation Center |
| Dr. Jennifer Herring | Mt. Sinai St. Luke's and West Hospital |
| Dr. Jenifer Stein | Harrison Central School District (Purchase Elementary School and Parsons Elementary School) |
| Dr. Jessica Pearson | Mt. Sinai Services/Elmhurst Hospital |
| Dr. Jill Emanuele | Child Mind -Mood Center |
| Dr. Jonathan Cohen | Andrus (Outpatient) |
| Dr. Jordyn Conrad | Mary McDowell Friends School |
| Dr. Judy Goodman | Harrison Central School District (Purchase Elementary School and Parsons Elementary School) |
| Dr. Julie Ringelheim | Child Guidance Center of Southern CT |
| Dr. Kathryn Rhindress | Bellevue Hospital |
| Dr. Kelly Mendonca | Joan Fenichel Therapeutic Nursery |
| Dr. Kenneth Gelfand | Mt. Washington Pediatric Hospital |
| Dr. Kristan Baker | Mercy First |
| Dr. Lana Parker | Avenues: The World School |
| Dr. Lee Mishler | Glen Rock Public Schools |
| Dr. Leslie Bogen | Queens Hospital, Pediatrics Track |
| Dr. Liane Nelson | Westchester Jewish Community Services |
| Dr. Lucinda Hotchkiss | Pride of Judea Counseling Center (Jewish Board) |
| Dr. Lynne Einberg | Hewlett High School |
| Dr. Lynne McAuley | Golden Door Charter School |
| Dr. Mark Biblow | Syosset High School |
| Dr. Michael Fraser | Lincoln Hospital |
| Dr. Michelle Pelcovitz | NYP Weill Cornell CBT outpatient |
| Dr. Minu Thomas | Bronxville School |
| Dr. Monica Zweig | Manhattan Montessori School |
| Dr. Nicole Fernandes | Ardsley School District |
| Dr. Orit Goldhamer | The Churchill School and Center |
| Dr. Rachel Busman | Child Mind Institute, Anxiety Center |
| Dr. Rachel Maldonado | Brooklyn Friends |

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| Dr. Rachel Matoto | United Nations International School |
| Dr. Rena Samin | Kings County Hospital |
| Dr. Robert Gordon | Rusk - NYU Langone |
| Dr. Robyn Freer | Cooke Grammar School |
| Dr. Roger Goddard | Trinitas Regional Medical Center |
| Dr. Rosalind Levine | Maimonides Medical Center |
| Dr. Sara Asher | Yeshiva of Central Queens |
| Dr. Shayna Nash | Stephen Gaynor School |
| Dr. Shira Weiss | Sagamore Childrens Psychiatric Center |
| Dr. Stan Royzman | NY Foundling - Bronx |
| Dr. Steven Kurtz | Kurtz Psychology Consulting PC |
| Dr. Steven Phillipson | Center for CBT |
| Dr. Tara Deliberto | NewYork Presbyterian Hospital- Westchester Division Track 8: Inpatient & Partial Hospitalization Eating, Mood, & Personality Disorders Program for Adults & Adolescents |
| Dr. Tara Sager | Ramapo College Counseling |
| Dr. Tehela Nimroody | New York Psychoanalytic Society and Institute (NYPSI) |
| Dr. Thomas McMahon | Yale University, Department of Psychiatry |
| Dr. Vanessa Pressimone | BHIP |
| Dr. Yariv Hofstein | St. Luke's CARES |

SELF-DISCLOSURE

Section 7.04 of APA's Code of Ethics states:

Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

This program supports the following policy statement that is provided to all students:

Self-observation and self-reflection or mindfulness are core aspects in the training of all professional psychologists. The doctoral programs in clinical psychology, clinical- health psychology, developmental psychology, school psychology and school-clinical psychology support this view. Applicants to these programs need to be aware that some classes may require disclosure of personal information in course or program-related activities either in writing or in class discussions. Course descriptions will indicate which classes include this requirement.

FINANCIAL AID

Information concerning financial aid can be obtained from the Ferkauf Graduate School catalog. In addition to student loans (Yeshiva University, GSL, HEAL, and TAP) stipends, fellowships, assistantships and scholarships are available to students each year. The NYC Department of Education has special financial incentive plans for those wishing to work for them after graduation. A representative of the Office of Financial Affairs is usually at the initial orientation meeting, at the end of August, and is available to discuss funding issues.

FGS Student Scholarship Procedures

In order to apply for financial aid and scholarships from Ferkauf Graduate School, students must follow the following steps:

Step 1. Student completes and returns application for Federal Student Aid (FAFSA), to the federal processor, or online at www.fafsa.ed.gov. Foreign citizens do not complete FAFSA. This information is necessary for further consideration of funds.

Step 2. Student completes the Student Financial Aid application and returns it to the Ferkauf's Office of the Dean. These applications are made available to students towards the end of the Spring semester and can be requested at the Registrar. Completed applications must be submitted by specified date in May of each year for further consideration.

Step 3. Processed FAFSA information and student transcripts are received by the Dean's office.

Step 4. The Program Director reviews FAFSA information, transcripts, and applications stating needs of students and rank order their recommendations based on need, academic standing, and special circumstances.

Step 5. Dean's Office awards funds to recommended students based on availability.

In addition, the Yeshiva University Office of Student Finance provides support to FGS students in the form of student loans. Financial aid is limited, however, and most students bear the brunt of financial responsibility on their own, or through outside work in addition to taking out student loans. Canadian students should contact the Canadian government regarding loans for graduate school. For additional information regarding Canada's student loans can be directed to:

**Office of Student Accounts
Yeshiva University
(212) 960-5400 x5038**

Financial support for minority and handicapped students is available through scholarship funds at the University. Additional information can be received from the American Psychological Association, Minority Fellowship Office.

Teaching Assistantships

Teaching assistantships are available each year to students who have demonstrated excellence in specified academic areas. Faculty members make recommendations to the Program Director for assistantships for the subsequent academic year. Assistantships are attached to courses in Cognitive Assessment I-II, Appraisal of Personality, Child Assessment with Practicum I-II, Neuropsychological Assessment, Practicum in Child Therapy I-II and others. Assistantships are also available for working in the Testing Library, in the Admissions Office and with the Program Director.

HEALTH INSURANCE FOR STUDENTS

Beginning Fall 2016, all graduate students in a doctoral or master's program who are registered for one (1) or more credits will be required to maintain health insurance coverage that meets or exceeds the University's criteria.

Students will be automatically enrolled in the student health insurance plan, and premium charges will be billed automatically to their Yeshiva University account. Academic Health Plans (AHP) has been selected to administer the student health insurance plan, underwritten by Christie Health Insurance.

Students who have comparable health insurance coverage can waive out of this plan. Instructions for submitting a waiver as well as detailed coverage information will be located on the Yeshiva University AHP website: <https://myahpcare.com>. **Please note, no deadline extensions or exceptions will be granted after the waiver deadline.**

Once you have successfully submitted your waiver request, you will receive an automated email confirming receipt of your request. **Make sure you have received a submission confirmation email, and print it for your records.** Should there be any problems with your waiver, you will need this confirmation email and your waiver request ID number. This automated waiver does not constitute granting of a waiver; a separate email as to whether your waiver request has been approved will be sent from Academic HealthPlans within one week. Those students who are granted a waiver will have the health insurance fee removed from their Yeshiva University accounts. It is the student's responsibility to follow up on the status of their waiver request and to ensure that all information is received by AHP prior to the waiver deadline.

There are several programs which may help students obtain medical insurance:

COBRA. The COBRA program gives certain workers and their families who lose their health benefits the right to choose to continue group health benefits for limited periods of time under certain circumstances. See: <http://www.dol.gov/dol/topic/health-plans/cobra.htm>

FAMILY HEALTH PLUS. Students who are residents of New York State and who are United States citizens or fall under certain immigration categories may be eligible for Family Health Plus. See: http://www.health.state.ny.us/nysdoh/fhplus/who_can_join.htm

HEALTHY NY. "Healthy NY" may meet the needs for health insurance coverage of students who are residents of New York. See: <http://www.ins.state.ny.us/website2/hny/english/hnyeci.htm> or: 1-866-HEALTHY-NY(1-866-432-5849).

MEDICAID. Persons with limited income may qualify for Medicaid. This is a federal program for persons with limited income which is administered by each of the states. See: <http://www.cms.hhs.gov/medicaid/consumer.asp>
New York residents may obtain information regarding eligibility criteria at http://www.health.state.ny.us/health_care/medicaid/index.htm#qualify

The following programs may help students get medical care at reduced costs:

CLINICS. A local clinic may be able to help you get low-cost medical care. See: <http://www.ask.hrsa.gov/Downloads/PriCareDirectory/PriCareR02.pdf>

PRESCRIPTION DRUGS. <http://www.needymeds.com> is a site that attempts to help you reduce costs. For general advice, please see http://www.needymeds.com/sponsors/dfi_intro.pdf. The manufacturer may help you reduce costs. Identify the name of the manufacturer of your medication and see <http://www.needymeds.com/indices/company.shtml> for information regarding the procedures used by that manufacturer. You may be eligible for the “Rx Access” card. For information, go to <http://www.togetherrxaccess.com>.

ORGANIZATION OF PSYCHOLOGY STUDENTS (OPS)

The Organization of Psychology Students (OPS) is the student organization of the Ferkauf Graduate School of Psychology. Each Ferkauf student is a member of the organization. “Dues,” called student activity fees, are collected automatically each semester with tuition. These dues constitute the budget of OPS.

The purpose of the organization is to provide Ferkauf students with information relevant to their academic and professional careers. Members serve to facilitate communication between students, administration/faculty, student organizations and alumni by acting as a liaison between the groups. In addition, OPS offers seminars, workshops, and provides funding for student research and conferences. In attempts to foster a sense of community within the culture of Ferkauf, OPS sponsors student socials, and refreshments during midterms and finals.

OPS and its members do not discriminate against any individuals for reasons of race, national origin, color, religion, gender, age, veteran status, sexual orientation or disability. The Executive Board of OPS consists of no less than seven members representing each of the Ferkauf Graduate Psychology Programs who are elected to a two year term by the general OPS membership from each program except for the Master’s program representative who is elected to a one year term. Officers are chair and co-chair, secretary, treasurer, coordinator of social events, purchasing, and maintenance of student lounge and computer lab. The structure of OPS encourages maximum participation by all students.

An important format has been developed within our program to enhance student feedback to the program faculty. Two representatives from each class, elected by fellow students, meet with the director of the program on a regular basis to review and discuss student issues and concerns.

Within the program, feedback from students concerning courses, faculty instruction, professional issues and advisement are solicited and welcomed. Such feedback may be presented at the meetings mentioned above, or by other students to any faculty member, faculty advisor or the program director. Program changes have resulted from direct student feedback which is a respected and important component for the continued success and development of the program.

The OPS representatives from the Combined School-Clinical Child Program, for 2019-20, are Erica Hoffman and Isabel Christman-Cohen. Their email addresses are available from the Program Director.

Student Representatives

Each cohort selects 2-3 student representatives who meet with the Program Director to voice the cohort’s views and discuss programmatic issues.

THE DIVERSITY CLUB

The Diversity Club embraces cultural heritage, unity, and the appreciation of diversity. It strives to create a community for people of all ethnic identities and from various socio-cultural backgrounds where we can share our experiences and create a support system for each other. Our goal is to promote diversity awareness and celebrate inclusivity in school through discussions and various events. It will provide an opportunity for students to express their views concerning current events, academics, cultural arts, and school life.

Goals & Objectives:

1. To provide a place of support and open dialogue for people of diverse identities in Ferkauf
2. Promote inclusivity and multicultural awareness in Ferkauf
3. Foster proactive leadership, community outreach, and student empowerment

PSYCHOLOGISTS FOR SOCIAL RESPONSIBILITY – STUDENT CHAPTER

Psychologists for Social Responsibility is an engaged community of members and supporters who work to advance peace and social justice through the ethical use of psychological knowledge, research, and practice. Representing a variety of cultural and disciplinary perspectives, we recognize diversity as a valuable resource in our efforts to address economic, racial, and gender-based injustices and other forms of oppression. We believe that peace with justice in an environmentally sustainable world depends upon a commitment to global well-being, universal human rights, mutual understanding, and collaborative partnerships in the pursuit of change.

Ferkauf's chapter of PsySR typically meets once a month to discuss various social justice issues. Topics include systemic racism, gun control, LGBTQIA+ issues, immigration, and much more. Aside from meetings, PsySR creates events throughout the year to target these issues -- whether it be a lecture from an expert on a specific topic, a discussion panel, or a dinner. Additionally, members of PsySR like to get together and organize.

COLLOQUIA & WORKSHOPS

Attending outside workshops/ conferences

The Program recognizes that students need to avail themselves of varied opportunities to augment their Health Service Provider training. We want to encourage students to take advantage of the myriad of learning and training opportunities that are available to them outside of Ferkauf. We want to especially encourage students to attend workshops that focus on issues of human diversity.

We encourage students to attend at least one Professional Workshop, lecture or Conference, each year, that is sponsored by a local, state or national psychology organization or training facility. It is expected that these experiences will augment the student's training in the field of school-clinical child psychology.

Attending Ferkauf Colloquia and workshops

Each doctoral program at Ferkauf schedules colloquia and/or workshops for students. The School-Clinical Child Psychology Program requires its students who are on campus on the day of the event to attend the Program sponsored colloquia.

The Program also encourages students to attend colloquia sponsored by the other doctoral programs.

Colloquia and workshops are typically scheduled during non-course hours (typically Thursday 12 –2 PM, or on

weekend days) so as not to conflict with course schedules. Announcement notices for colloquia and workshops are provided 2-4 weeks ahead of time to permit students ample time to re-schedule other commitments. Refreshments are provided to all attendees.

Attendance of colloquia and workshops by graduate students will be reviewed by faculty at the end-of-semester and/or end-of-year student evaluation meetings and will be incorporated into faculty ratings of each student's competency in achieving expected role responsibilities of graduate students at their level. As such, it will favorably affect the overall evaluation rating of each graduate student.

Faculty advisors are responsible for communicating the faculty's appraisal of each student's competency in achieving expected role responsibilities, including attendance at colloquia and workshops, following end-of-semester and/or end-of-year meetings.

Following each colloquium or workshop, students provide anonymous feedback as to the colloquium's effectiveness and relevance to their professional training and provide suggestions as to future educational experiences.

EMPLOYMENT AND LICENSING

Notices of employment opportunities are posted on the Program's listserv and on bulletin boards outside the offices of the Program Director.

The graduates of the school-clinical child psychology programs have found employment in schools, hospitals, academia, nurseries, and mental health facilities. Lists of graduates with their current job placements may be found in the director's office.

IMPORTANT ACTIVITIES AND TIMELINE

| Year 1: | Activity |
|------------------|---|
| August | Orientation and Beginning of School |
| September | Review School-Clinical Child Psychology Program Student Handbook online and Ferkauf Graduate School Handbook |
| | Submit signed statement that you read the Code of Ethics and the Program Handbook |
| October | Join a professional organization (e.g., APA, Div 16 (School Psychology), Div 12 (Clinical Psychology), Div. 53 (Society of Clinical Child and Adolescent Psychology), Division 44 (Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues) Division 45 (Society for the Psychological Study of Culture, Ethnicity and Race), NASP, NYASP) |
| | Update your CV |
| November | Receive 2 nd year School Externship list from Program Director |
| | Review School Externship options with Program Director |
| | Contact school psychology externship sites for 2 nd Year Externship position |
| December | Register for spring semester |
| | Notification of Externship acceptances will occur between December and March |
| March | Administration Competency exam (WISC-V) |
| | Advisement |
| April | Late April/Early May Register for fall semester |
| | Complete Scholarship/Financial Aid Form |
| | Discuss Bilingual Extension requirements with your advisor |
| | Contact externship supervisor about 2 nd year externship experience. Arrange a visit for May |
| May | Complete Annual Student Activity Survey and Self-evaluation online |

| | |
|------------------------|---|
| | Administration Competency Exam (Rorschach) |
| | Match Faculty-Student Research Mentors |
| Year 2: | |
| August | Beginning of School |
| September | Complete Externship Plan – return completed copy to Program Director by September 30. |
| | Chart Externship activities on Monthly Log through June |
| | Meet with mentor to discuss research opportunities for Research Projects |
| November | Review 3 rd year Clinical Externship options with Program Director Online review of Externship sites (See APA site) Develop list of 10 options |
| | Update CV |
| December | Prepare externship materials for submission. Register for spring Submit Monthly Logs for Externship Sept-Dec |
| | Externship Supervisor will receive link to online Semi-Yearly Evaluation Form. |
| Jan-Feb | Submission of Externship applications Externship Interviews Provide externship process information to Program Director |
| March | Externship notification (first or second Monday in March) |
| April | Register for fall semester Complete Scholarship/Financial Aid Form |
| | Discuss Bilingual Extension requirements with your advisor |
| May | Externship Supervisor will receive link to online Semi-Yearly Evaluation Form. Complete Scoring and Written Assessment Competency exams |
| June | Submit Monthly Logs for Externship January-June. Attestation Form to be returned to Program Director |
| | Complete your evaluation of Externship experience online |
| | Complete Annual Program Student Activity Survey and Self-Evaluation online |
| | Obtain a letter of recommendation from your Externship Supervisor that can be put on file |
| June-July | After passing Competency exams and passing all courses, register for the Masters of Science in School Psychology. Applications can be obtained from Registrar |
| Year 3: | |
| August | School begins |
| September | Complete Externship Plan – return completed copy to Program Director by September 30. |
| | Chart Externship activities on Monthly Log through June |
| November | Review 4th year Clinical/School Externship options with Program Director On-line review of Externship sites Contact school sites via email |
| | Update CV |
| December | On-line review of Externship sites (See APA site) Develop list of 8 options Review Externship options. Prepare material for submission. Register for spring Submit Monthly Logs for Externship Sept-Dec |
| | Externship Supervisor will receive link to online Semi-Yearly Evaluation Form. |
| January - March | Submission of Externship applications Provide externship process information to Program Director |

| | |
|-------------------------------|---|
| April | Register for fall semester Complete Scholarship/Financial Aid Form |
| | Discuss Bilingual Extension requirements with your advisor |
| May | Externship Supervisor will receive link to online Semi-Yearly Evaluation Form. |
| | Submit Monthly Logs for Externship January-June |
| | Attestation Form to be returned to Program Director |
| | Complete your evaluation of Externship experience online |
| | Complete Annual Program Student Survey and Self-Evaluation online |
| | Meet current fourth year students to discuss 5 th year internship |
| | Meet individually with current fourth year or fifth year students to discuss the internship process. Use them as mentors for this process. |
| June- August | Preparation for Fifth year Clinical Internship: <ol style="list-style-type: none"> 1- Update CV 2- Register with APPIC 3- Register for Match 4- Download APPIC application 5- Complete application 6- Arrange for 3-4 recommendations 7- Submit draft of APPIC essays and CV to Advisors and Program Director for review <p>You are not permitted to apply for APPIC accredited internships until Research Project I and your proposal for RPII have been approved. RPI and the approved proposal for RPII must be completed by October 1.</p> |
| | Preparation for Fifth year School Internship: <ol style="list-style-type: none"> 1- Update your resume –submit to Director 2- Review list of sites (note: there is no uniform application) 3- Arrange for 3 recommendations 4- Contact sites September-Nov |
| Year 4: | |
| August | School begins |
| September | Complete Externship Plan – return completed copy to Program Director. |
| | Chart Externship activities on Monthly Log through June |
| September- October | Begin gathering information about School Psychology Internships. You are not permitted to apply for internships in until Research Project I and your proposal for RPII have been approved. Must be completed by October 1. There is no uniform notification date for internships in schools. It can occur at any time after your interview |
| October 1 | Date by which Research Project I and proposal for RPII must be signed by your advisor, so that you can continue to apply for an APPIC internship |
| October 15 | Submission of completed APPIC applications to sites |
| December | Interviews begin for APPIC internship. They continue till last week of January. Interviews begin for School Internships and may continue until April |
| | Register for Spring Submit Monthly Logs for Externship September - December |
| | Externship Supervisor will receive link to online Semi-Yearly Evaluation Form. |
| January | Interviews |
| February | APPIC Internship Notification date is usually the third Friday of the month |
| April | Register for fall semester |
| May | Attestation Form to be returned to Program Director |
| | Submit Monthly Internship Summary for January-June |
| | Complete your evaluation of Internship experience online |

| | |
|------------------|--|
| | Complete Annual Program Student Activity Form and Self-Evaluation online |
| June | At this point you are eligible for NYS School Psychology Certification. The program Director will provide the application. |
| Year 5: | |
| September | Complete Internship Plan – return completed copy to Program Director. |
| | Chart internship activities on Monthly Review Form through June |
| | PLAN TO COMPLETE RESEARCH PROJECT II before second week of May |
| December | Register for spring Submit Monthly Internship Summary for Sept-Dec |
| | Provide Internship Supervisor with semi-yearly Evaluation Form to be returned to Program Director |
| May | Provide Internship Supervisor with Semi-Yearly Evaluation Form to be returned to Program Director Attestation Form - to be returned to Program Director |
| | Submit Monthly Internship Summary for January-June |
| | Complete your evaluation of Internship experience online |
| | Complete Annual Program Student Survey and Self-Evaluation online |
| | GRADUATION !!! |

TELEPHONE NUMBERS and E-mail Addresses:

F/T Faculty

| | | |
|---------------------|--------------|---|
| Dr. Jordan Bate | 646-592-4369 | jordan.bate@yu.edu |
| Dr. Greta Doctoroff | 646-592-4371 | greta.doctoroff@yu.edu |
| Dr. Abraham Givner | 646-592-4381 | aberg82@gmail.com ; Abraham.givner@yu.edu |
| Dr. Erum Nadeem | 646-592-4517 | erum.nadeem@yu.edu |
| Dr. Tracy Prout | 646-592-4367 | tracy.prout@yu.edu |
| Dr. Esther Stavrou | 646-592-4537 | esther.stavrou@yu.edu |
| Dr. Melanie Wadkins | 646-592-4375 | melanie.wadkins@yu.edu |

Adjunct Faculty:

| | | |
|-------------------------|--|--------------------------------|
| Dr. Stephen Cubbellotti | | |
| Dr. Shana Grover | | |
| Dr. Wen Gu | | |
| Dr. Karen Hazel | | drkarenh@optonline.net |
| Dr. Elizabeth Iskander | | |
| Dr. Nicholas Naccari | | nicolasphd@hotmail.com |
| Dr. William Salton | | william.salton@einstein.yu.edu |
| Dr. Mana Shafie | | manasamgh@gmail.com |
| Dr. Marina Stolerman | | |
| Dr. Lynne Thies | | |

Administration:

| | |
|--|--------------|
| President Ari Berman | 212-960-5300 |
| Vice President for Academic Affairs, Dr. Selma Botman | 212-960-5217 |
| Dean's Office | 646-592-4372 |
| Vincent Alfonso, Ph.D., Interim Dean | |
| Michael Gill, Assistant to the Dean | 646-592-4373 |

Audrey Wu, Executive Secretary 646-592-4390

Psychology Office:

Enna Korik, Executive Secretary 646-592-4520

Dawn Basnight, Secretary 646-592-4520

Caroline Murphy, Secretary 646-592-4520

Main fax: 718-430-3960

Registrar's Office:

Tara Kent, Registrar

Orey Brockington, Registrar Clerk 646-592-4515

Admission's Office 646-592-4380

Edna Augusta, Director of Admissions

Clinic:

William Salton, Director 646-592-4397

Marilyn Gotay, Secretary 646-592-4399

Testing Library 646-592-4396

APPENDICES

Appendix A:

University Policy Statement on Non-Discrimination, Affirmative Action and Unlawful Workplace Harassment

As an integral part of the Affirmative Action Program of Yeshiva University, the University periodically issues a formal statement reaffirming the University's long-standing commitment to affirmative action and equal opportunity. As President of Yeshiva University I want to take this opportunity to reaffirm our commitment to apply every good faith effort in achieving nondiscrimination and equality of opportunity in employment and in all spheres of academic life.

All University-wide decisions with regard to faculty, staff and students are based on equitable and equally applied standards of excellence. Affirmative action procedures have been established, both as a legal obligation under applicable law and as a visible and formal expression of institutional policy. This policy is designed to insure that recruitment, hiring, training, promotion, and all other personnel actions take place and all programs involving students, both academic and non-academic, are administered without regard to race, religion, creed, color, national origin, sex, age, disability, veteran or disabled veteran status, marital status, sexual orientation or citizenship status as those terms are used in the law. In addition, this policy is designed to maintain a work and academic environment free of harassment and intimidation. The Equal Employment Opportunity Commission (EEOC), defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment."

The responsibility for the University's affirmative action/equal opportunity and anti-harassment policy lies with all associate and assistant deans, chairpersons, department heads, directors, administrators, managers and supervisors in their areas of responsibility and requires the commitment of the entire University community. Administrative and investigative responsibility has been assigned to the Affirmative Action Administrator. If you have any questions relating to affirmative action or equal opportunity issues or wish the University to pursue a possible violation of the policy, you should contact the University's Affirmative Action Administrator located at the Albert Einstein College of Medicine, 1300 Morris Park Avenue, 1206 Belfer, Bronx, NY 10461, (718) 430-2552. When warranted, the University will take appropriate corrective action to remedy all violations of this policy, up to and including termination and/or expulsion. Where appropriate, the University may also report discriminatory conduct to licensing boards. Yeshiva University prohibits any form of retaliation against any employee or student for filing a bona fide complaint or for assisting in a complaint investigation.

Appendix B1: MONTHLY LOG Clinical and School – See /Externship-Internship Manual for updated forms

Appendix C:

Combined School-Clinical Child Psychology Program
Ferkauf Graduate School of Psychology
Faculty Evaluation of Student
Progress Report (January and June)

STUDENT NAME:

Academic Year Began Program:

Academic Advisor: Drs.

Research Advisor

The faculty is asked to rate the student's performance in each of the following areas using the ratings categories described below. Evaluations will be followed with a written evaluation letter to each student. A remediation plan, if needed, will be outlined in the letter. Please provide as much information as you can at this time.

1. Please rate the student's current level of knowledge, skills, and attitudes using this scale.

- NA= No opportunity to evaluate or insufficient information
- 1= Not competent - has not shown consistent improvement
- 2= Problems, but approaching competence - has shown improvement
- 3= Competent for current level of training
- 4= More than competent
- 5= Highly competent

1. Administration, Scoring and interpretation of psychological and psychoeducational instruments: (highest score requires: can apply concepts of typical atypical behavior to case formulation and in the context of stages of human development and diversity)
2. Data Collection (Interviews, intakes, establish rapport, record review)
3. Communication skills (active listening, communicate effectively; communicates clearly using verbal, non-verbal, written skills in a professional context)
4. Writing skills (report writing, provide pragmatic and related recommendations; clarity, use of APA style for academic papers)
5. Intervention skills (develop treatment plans using a consistent theoretical orientation with specified goals, apply treatment strategies; prepared for sessions; evaluating progress; provides effective treatment, manage termination, establish alliance)
6. Adherence to ethical and professional standards (demonstrates knowledge of APA Ethical Principles and Code of Conduct; knowledge of Federal/state laws; mandatory reporting; ethical decision making to practice; integrates own moral principles/values)
7. Competence in regard to cultural, ethnic and individual differences (applies knowledge, sensitivity and understanding regarding individual and cultural diversity issues to work effectively with diverse others; applies knowledge of self as a cultural being)
8. Response to supervision (openness to observations and recommendations; prepared for supervision; incorporates feedback into practice; has basic knowledge of supervision models)
9. Research (demonstrates skills and habits in seeking, applying and evaluating theoretical & research knowledge relevant to the practice of psychology; knowledge of application of scientific methods to evaluating practices, interventions and programs; consumer of research)
10. Completion of assignments in a timely manner (consistently punctual, reliable and fulfills assignments)
11. Interpersonal & collaborative skills(participates effectively in class, team meetings & multidisciplinary assignments; forms &

maintains productive & respectful relations with clients, peers, supervisors and other professional; handles conflict well

12. Self-reflective practice(displays self-awareness; self-monitors, self-assessment of competence; awareness and attitude towards need for self-care)

13. Realistic sense of strengths and challenges (recognizes limits of knowledge, skill and self)

14. Emotional Maturity (Social competence, openness to new ideas; non-defensiveness; manages boundaries)

15. Professionalism (displays emerging professional identity, integrity, deportment, accountability, reliable, dependable, willingness to consider alternatives)

16. Knowing how the system works (works effectively with other professionals; understands the culture of the system; promotes change at the individual and systems levels

17. Evidence-based Practice (knowledge of empirical bases of assessment; linkage of assessment to treatment; effective use of EBI)

18. Build client-therapist alliance

19. Consultation:(demonstrates knowledge of consultant's role; ability to select appropriate means of assessment to answer referral question; responds to consultation requests & provides feedback in timely manner; assesses needs of others

20. Supervising others

Did the student perform at a satisfactory level of competence?

Are there specific skill sets or competencies that you feel this student needs to address?

Does the student have specific strengths that you wish to highlight?

Please provide any further evaluative information that you feel would be helpful.

Appendix D1

**FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY
SCHOOL/CLINICAL CHILD PSYCHOLOGY PROGRAM
SUPERVISEE EVALUATION FOR CBT-YOUTH
PRACTICUM**

Student Name: _____ Supervisor Name: _____

Please check the semester for which this evaluation applies: Fall 20__ Spring 20__

Please rate the student on the following items using a scale from 1 to 5, where:

- 5** Greatly exceeds expectations, given level of training
- 4** Exceeds expectations, given level of training
- 3** Meets expectations, given level of training
- 2** Needs attention, given level of training
- 1** Below expectations, given level of training
- NA** Not able to assess/Not applicable

| | | |
|----|--|-------|
| 1. | Professionalism (adherence to the ethical and technical standards of helping professionals, including: attitude toward supervision, professional presentation, completion of notes/reports in a timely manner, punctuality, etc.). | _____ |
| 2. | Responsibility (i.e., willingness to be accountable for actions) | _____ |

| | | |
|-----|---|-------|
| 3. | Preparedness for supervision meetings and dependability (i.e., follow through on tasks, responsiveness to supervisor instructions/assignments/suggestions (e.g., completing recommended readings, implementing suggested interventions, | _____ |
| 4. | Thoughtfulness about his/her own strengths and weaknesses as a therapist and awareness of one's personal role in the client's experience of therapy | _____ |
| 5. | Responsiveness and openness to supervisor feedback related to therapeutic style, approach, or conceptualization | _____ |
| 6. | Case conceptualization skills and ability to integrate CBT theory and models of disorders into understanding client's strengths and difficulties and treatment planning | _____ |
| 7. | Clinical purposefulness (ability to take an active, solution-focused stance and to implement a clinical plan as appropriate, even in the face of client resistance) | _____ |
| 8. | Ability to use clinical techniques and interventions with skill | _____ |
| 9. | Sensitivity to client diversity, including cultural, socio-economic, racial, religious, and sexual orientation | _____ |
| 10. | Clinical flexibility and resourcefulness related to treatment planning and treatment delivery | _____ |

Please describe this student's key strengths and areas for growth:

Please provide any additional comments. Comments clarifying any ratings of "Needs Attention" ratings or "Below Expectations" would be particularly helpful.

Please indicate if you HAVE or HAVE NOT (please check one) shared a copy of this evaluation with your supervisee.

By typing your signature below, you confirm that the information in this form is accurate.

Supervisor Signature

Date

Appendix D2

ADHERENCE SCALE FOR PSYCHODYNAMIC PSYCHOTHERAPY FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY

Directions: The following items reflect competencies in psychodynamic child and adolescent therapy utilizing both play and verbal interventions. Each item should be rated on with 0 (not present) or 1 (present). A perfect score is aspirational but no trainee is expected to score 24 points. Total scores reflect the following levels of competence:

- 0 – 4 points: Below expected level of competence
- 5 – 9 points: Beginning to develop competence
- 10 – 14 points: Competent for level of training

- 14 – 18 points: More than competent for level of training

A. Global Goals

| | |
|--|--|
| | A. Approaches in a non-judgmental manner |
| | 2. Establishes an alliance with child |
| | 3. Presents a warm and collaborative attitude |
| | 4. Empathizes with child's feelings about the child's difficulties and/or child's feelings about coming to therapy |
| | 5. Demonstrates an effective balance between supportive and expressive interventions |
| | Score (of 5) |

B. Addressing the Child's Emotions & Activities

| | |
|--|--|
| | 1. Remains experience-near |
| | 2. Avoids unnecessary simple reassurance |
| | 3. Avoids any moralistic stance |
| | 4. Uses a variety of supportive interventions when indicated |
| | Score (of 4) |

B. Specific Interventions

| | |
|--|--|
| | 1. Sets limits when necessary and addresses the child's response as part of the ongoing work |
| | 2. Interprets avoidance |
| | 3. Other defensive maneuvers are noted |
| | 4. Issues related to the end of session (or termination) are identified |
| | Score (of 4) |

C. Use of Clinician/Patient Relationship in the Treatment (transference)

| | |
|--|---|
| | 1. Focuses on interactions within the therapeutic relationship |
| | 2. Allows for displacement of disruptive behaviors to the clinician, without interference |
| | 3. Clinician contains countertransference responses appropriately |
| | 4. Clinician uses limit setting when appropriate (e.g. safety) |

| | |
|--|---|
| | 5. Clinician maintains a generally positive regard throughout the session |
| | Score (of 5) |

F. Overall rating (add together scores from all sections)

| | |
|--|---------------------|
| | Total Score (of 18) |
|--|---------------------|

*** See directions on first page for overview of total scores ***

F. Additional Play Therapy Items

(score only for play therapy cases & do not include in overall rating)

| | |
|--|---|
| | 1. Encourages development of new play activities without interference |
| | 2. Discusses play actions within the play |
| | 3. Avoids direct interpretation of symbolic meaning of play |
| | 4. Recognizes the importance of addressing interruptions in play |
| | 5. Identifies patterns of play, repetitions, and play disruptions |

Appendix E: SUPERVISOR'S EVALUATION OF STUDENT COMPETENCIES ON EXTERNSHIP/INTERNSHIP

FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY

YESHIVA UNIVERSITY

1165 Morris Park Avenue – Rousso 1st Floor

Bronx, NY 10461

STUDENT NAME: _____

Date: _____

Since evaluation is an important aspect of our program, we would appreciate your assessment of these trainee's skills associated with field experience. Because our students engage in different field experiences at each level of their training, all of the skills and behaviors delineated below may not be applicable for this particular trainee at this time. Please complete the following and return as soon as possible. Your contribution to our training program is invaluable. Thank you once more for your continuing cooperation.

Location of Field Experience: _____

Duration of Field Experience: Began _____ Still ongoing _____ Ended _____

Number of hours per week of individual supervision _____

Number of hours per week of other types of supervision _____

TOTAL NUMBER OF HOURS COMPLETED FROM BEGINNING DATE OF EXTERNSHIP/INTERNSHIP: _____

Please rate the student's current level of knowledge, skills, and attitudes using this scale.

NA= No opportunity to evaluate or insufficient information

1= Not competent - has not shown consistent improvement

- 2= Problems, but approaching competence - has shown improvement
- 3= Competent for current level of training
- 4= More than competent
- 5= Highly competent

1. Administration, Scoring and interpretation of psychological and psychoeducational instruments: (highest score requires: can apply concepts of typical atypical behavior to case formulation and in the context of stages of human development and diversity)
2. Data Collection (Interviews, intakes, establish rapport, record review)
3. Communication skills (active listening, communicate effectively; communicates clearly using verbal, non-verbal, written skills in a professional context)
4. Writing skills (report writing, provide pragmatic and related recommendations; clarity, use of APA style for academic papers)
5. Intervention skills (develop treatment plans using a consistent theoretical orientation with specified goals, apply treatment strategies; prepared for sessions, evaluating progress; provides effective treatment, manage termination, establish alliance)
6. Adherence to ethical and professional standards (demonstrates knowledge of APA Ethical Principles and Code of Conduct; knowledge of Federal/state laws; mandatory reporting; ethical decision making to practice; integrates own moral principles/values)
7. Competence in regard to cultural, ethnic and individual differences (applies knowledge, sensitivity and understanding regarding individual and cultural diversity issues to work effectively with diverse others; applies knowledge of self as a cultural being)
8. Response to supervision (openness to observations and recommendations; prepared for supervision; incorporates feedback into practice; has basic knowledge of supervision models)
9. Research (demonstrates skills and habits in seeking, applying and evaluating theoretical & research knowledge relevant to the practice of psychology; knowledge of application of scientific methods to evaluating practices, interventions and programs; consumer of research)
10. Completion of assignments in a timely manner (consistently punctual, reliable and fulfills assignments)
11. Interpersonal & collaborative skills(participates effectively in class, team meetings & multidisciplinary assignments; forms & maintains productive & respectful relations with clients, peers, supervisors and other professional; handles conflict well)
12. Self-reflective practice(displays self-awareness; self-monitors, self-assessment of competence; awareness and attitude towards need for self-care)
13. Realistic sense of strengths and challenges (recognizes limits of knowledge, skill and self)
14. Emotional Maturity (Social competence, openness to new ideas; non-defensiveness; manages boundaries)
15. Professionalism (displays emerging professional identity, integrity, deportment, accountability, reliable, dependable, willingness to consider alternatives)
16. Knowing how the system works (works effectively with other professionals; understands the culture of the system; promotes change at the individual and systems levels)
17. Evidence-based Practice (knowledge of empirical bases of assessment; linkage of assessment to treatment; effective use of EBI)
18. Build client-therapist alliance
19. Consultation:(demonstrates knowledge of consultant's role; ability to select appropriate means of assessment to answer referral question; responds to consultation requests & provides feedback in timely manner; assesses needs of others)
20. Supervising others

Did the student perform at a satisfactory level of competence?

Are there specific skill sets or competencies that you feel this student needs to address?

Does the student have specific strengths that you wish to highlight?

Please provide any further evaluative information that you feel would be helpful.

Appendix F1: STUDENT EVALUATION OF SCHOOL-CLINICAL CHILD PSYCHOLOGY EXTERNSHIP/ INTERNSHIP

Student's name:

Name of Site:

Primary Supervisor:

1. Please list and /or describe the major strengths of this site:

2. Please list and/or describe the major weaknesses of this site:

3. Please use the following five-point rating scale to evaluate the training that you received at your site.

- Not acceptable**
- Minimally Acceptable**
- Acceptable**
- Very Acceptable**
- Excellent training**
- NA**

Cognitive assessment

Personality assessment

Neuropsychological assessment

Report writing

Interpretation and integration of data

Conduct observations

Conduct interviews/ intakes

Psychopharmacology

Work with multicultural and otherwise diverse populations

Classroom management

Individual therapy with children/adolescents(psychodynamic)

Individual therapy with children/adolescents(cognitive-behavioral)

Use of empirically-supported interventions

Individual therapy with adults(psychodynamic)

Individual therapy with adults(cognitive-behavioral)

Family interventions/ Family therapy

Couples Therapy

Consultation

Group work

Working with severely emotionally disturbed

Supervision received

Professional interaction (teachers, psychologists, psychiatrists, social workers)

- Crisis intervention and trauma
- Substance abuse
- Child abuse
- Training in supervision
- Availability of supervisor When You Have Questions or Concerns

PLEASE EVALUATE YOUR PRIMARY SUPERVISOR:

- Overall Ability to Effectively Communicate and Teach
- Ability to Establish Productive, Appropriate Working Relationship
- Supervisor Maintains Regular Weekly Face-to-Face Supervision
- Supervisor’s Ability to Teach Technical Knowledge and Skills About Psychotherapy
- Supervisor’s Ability to Teach Technical Knowledge and Skills About Assessment
- Ethical Knowledge, Attitudes and Behavior
- Supervisor’s Feedback on Clinical Writing (e.g., Notes, Testing, etc.)
- Supervisor’s Ability to Stimulate Critical Thinking
- Supervisor's focus on translating research into practice
- Supervisor's ability to translate assessment information into useful recommendations for practice
- Overall Supervisor Rating

How prepared were you to begin the externship/internship? (1= not prepared; 5= extremely well prepared)

What suggestions do you have for students who are applying to this site?

Appendix F2: SUPERVISION EXPERIENCES IN SCHOOL OR CLINICAL EXTERNSHIP/INTERNSHIP

Your name:

Externship/Internship setting:

Primary Supervisor:

Other Supervisors:

1. Describe your experiences (what you do) and with whom
2. # of one-to-one supervisory sessions of at least 45 minutes during month
3. Total # of hours of supervision during the month
4. During this past month indicate which of these activities were “Observed” (Live, Audio, Video) by your supervisor. Insert an “x” in the appropriate cell to indicate the type of observation during this past month. If you were not observed in any of these activities, please leave the cell blank.

| | Live | Audio | Video |
|------------------------------------|------|-------|-------|
| Intervention (individual or group) | | | |
| Intakes/Interviews | | | |
| Assessment | | | |

| | | | |
|-----------------|--|--|--|
| Consultation | | | |
| Other: Indicate | | | |

5. Please describe the supervisory process during the month (include information on the type of supervision - didactic, role playing, observing supervisor, relational, skills- development, etc).

6. Please evaluate your supervision (this information is confidential)

Appendix G: STUDENT ACTIVITY FORM

2019-20 Student Activity Summary

Student name:

| | |
|--|--|
| Year you entered program | |
| Email address | |
| Cell # | |
| Are you a US Citizen? | |
| If you are an alien or foreign national, what country? | |
| What is your race/ethnicity? | |
| Are you subject to ADA? | |
| Diversity options: | |
| Religion | |
| Undergraduate School? (only for current first year students) | |
| Undergraduate major (only for current first year students) | |
| UGGPA (only for current first year students) | |
| Undergrad Degree, year (only for current first year students) | |
| Verbal GRE (only for current first year students) | |
| Quant GRE (only for current first year students) | |
| Writing GRE (only for current first year students) | |
| Adv GRE (only for current first year students) | |
| Did you complete any graduate work before Ferkauf? (only for current first year students) | |
| Highest degree, year earned (only for current first year students) | |
| Graduate School (only for current first year students) | |
| Grad Major: GGPA (only for current first year students) | |
| Second grad school before Ferkauf? (only for current first year students) | |
| Degree, major, year (only for current first year students) | |
| Did you have a Masters in Psychology before entering Ferkauf? (only for current first year students) | |
| Your current academic advisor/s: | |
| Explain any Incompletes | |
| Comment on RPI | |
| Title of RPI | |
| Faculty Advisor for RPI | |
| Working title for RPII | |
| Faculty advisor for RPII | |

| | |
|---|--|
| Status of RPII | |
| If you passed oral defense, what was the date | |
| Are you author/coauthor of any publications/presentations in last two years? List them | |
| Are you working on grant-funded research | |
| In past year, were you involved in any teaching? | |
| Which professional psychology organizations do you belong to? | |
| What divisions of APA do you belong to? | |
| Where was your Externship/Internship this past year | |
| What type of population did you work with on Externship/Internship? (child, adult, family, inpatient, outpt, school?) | |
| What training activities were you involved in? (ass't, indiv tx, grp tx, remediation, neuropsych, etc.) | |
| Name of your primary individual clinical supervisor (for current third year students) | |
| If you had a practicum attached to Parnes this year, estimate the total # of hrs you worked there: assessment. Therapy/remediation | |
| Estimate # of hrs of psychotherapy you conducted at Externship/Internship in 2019-20 | |
| Estimated the # of assessments you conducted on Externship in 2019-20 | |
| Estimate the total # of supervisory hours for clinically oriented activities that you accumulated this year - including practica, Externship/internship | |
| Were you satisfied with the research advisement that you received? (Yes/No) | |
| If not, please explain | |
| Are you currently employed? If so what is title and employed? | |
| If going on internship in 2019-20, ESTIMATE the total intervention and Assessment hours that you will have accumulated as of June 30 = Total # of hrs doing individual therapy, career counseling, group therapy, family therapy, couples therapy, school counseling interventions, other interventions. Total # of hrs doing assessment (administration, and giving feedback -not scoring and report writing which is included in a different section). You should enter two numbers- the first for therapy and the second for assessment ENTER TOTAL FOR ALL FOUR YEARS | |
| If going on internship in 2019-20, estimate the Total Support Hours that you will have accumulated as of June 30 – for all years in program (Support hrs= hours outside of direct service but which supports the services (e.g., chart review, progress notes, consulting abt cases, watching videos of cases; assessment scoring, interpretation and report writing), didactic training, grand rounds, educational meetings, CSE, other, supervision hours = 1:1; group, peer. ENTER TOTAL FOR ALL FOUR YEARS | |

| | |
|--|--|
| Name of Internship | |
| Location | |
| How would you classify that internship setting? | |
| Is your internship APA accredited? | |
| Is your internship APPIC approved? | |
| Is your internship in a school? | |
| Is internship paid? | |
| Is internship full time? | |
| Please comment on and describe any service you are currently providing to the program and or the school. | |
| Any other professional achievements or involvement you would like to share, including: - your involvement in any research not reflected in above subsections (e.g. participation in research group, checking reliability in a peer's research, etc.) -all awards and honors you have received during the course of your student career at FGS. - anything related to professional development, involvement, or service that did not seem to fit under the previous sections? | |
| Did you feel that you accomplished your academic goals for 2018-19? Please explain – DO NOT SKIP THIS QUESTION | |
| What are your goals for 2019-20? DO NOT SKIP THIS QUESTION | |
| Anything else you would like to add? | |

Appendix H: FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY COURSE/FACULTY EVALUATION

Course # and Title: _____

Instructor: _____

Semester: (circle one) Fall Spring Year : 20____
 Size of class: (circle one) 1-5 6-15 15-30 30 or more
 Was course a requirement? Yes No

Please provide your honest feedback about this course. Your comments will contribute to course improvements and are used to evaluate faculty teaching performance. Your responses will be confidential. You are required to complete the course evaluation to receive a course grade.

Please use this scale to answer questions 1-8.

Scale: 1- Strongly Disagree 2- Disagree 3- Agree 4- Strongly Agree NA

- | | | | | | |
|---|---|---|---|---|----|
| 1. The content and objectives of course and lectures were clear | 1 | 2 | 3 | 4 | NA |
| 2. The instructor was enthusiastic, generating interest in the material | 1 | 2 | 3 | 4 | NA |
| 3. The instructor had full command of subject matter | 1 | 2 | 3 | 4 | NA |
| 4. The instructor encouraged students to think independently | 1 | 2 | 3 | 4 | NA |
| 5. The course enhanced your professional development | 1 | 2 | 3 | 4 | NA |
| 6. The instructor was responsive to students' questions and provided timely feedback to written assignments | 1 | 2 | 3 | 4 | NA |
| 7. The course was intellectually challenging | 1 | 2 | 3 | 4 | NA |
| 8. I expect to receive a high grade (A or A-) | 1 | 2 | 3 | 4 | NA |

9. Did you get the reading materials for this course in a timely manner? YES NO

Please use this scale to answer questions 10-11.

Scale: 1-Poor 2- Lacking 3- Acceptable/Fair 4- Good 5- Excellent

10. What is your overall rating of this course? 1 2 3 4 5

11. What is your overall rating of this instructor? 1 2 3 4 5

What were the strong points of this course/professor?

What were the potential areas for improvement for the course and instructor?

Circle your Program: Clinical Psy.D.
 Clinical (Health Emphasis) Ph.D.
 School-Clinical Child Psy.D.
 Masters of Mental Health Counseling

Year in Program: 1 2 3 4 5

APPENDIX I:

APA's Ethical Principles of Psychologists and Code of Conduct

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a Plan is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights. APA Ethics Code 2002

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices. APA Ethics Code 2002 Page 4

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating With Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience. APA Ethics Code 2002 Page 5

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the

professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

3.09 Cooperation With Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered To or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by Plan, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy And Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter With Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships With Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11. Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and Planual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy With Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or Planual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or Planual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

History and Effective Date Footnote

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

Ethics Code 2002.doc 10/8/02

Appendix J: ATTESTATION OF EXPERIENCE BY SUPERVISOR

TO BE COMPLETED BY STUDENT *(Please Print Clearly or Type)*

| | | |
|------------------------|------------|----------------|
| Last name of applicant | First Name | Middle Initial |
| Street address | | |
| City | State | Zip Code |

STUDENTS MUST NOT WRITE BELOW THIS LINE

TO BE COMPLETED BY SUPERVISOR *(please print clearly or type)*

| | | |
|-------------------------|------------|----------------|
| Last name of supervisor | First Name | Middle Initial |
| Street address | | |
| City | State | Zip Code |

SUPERVISOR'S QUALIFICATIONS AT ONSET OF SUPERVISION

| | | | | | | |
|--|----------------|----------|--------------|---|--------------------|--------------|
| Title (s) | | | | | | |
| Institution | | | | | Phone Number | |
| Psychology Certification/ License (s) | State/Province | | Year Issued | | Certificate Number | |
| | State/Province | | Year Issued | | Certificate Number | |
| ABPP Diplomate | Number | Clinical | Counseling | Industrial | School | Year Awarded |
| APA Fellow | Yes | No | Year Awarded | In which Division (s)? Numbers or Names | | |

STUDENT'S WORK EXPERIENCE ATTESTED TO

Institution Name

Institution Location

| | | | |
|-------------|-------------|-----------|------------|
| Start Date | End Date | Job Title | Hours/Week |
| Mo./Day/Yr. | Mo./Day/Yr. | | |

Job Duties:

Total number of Hours of Externship/Internship (Full-Year):

Frequency of Supervision: (Check all which apply)

| Kind of Supervision | One Hour | | Two Hours | | Other (Specify) |
|---------------------------------|----------|----------|-----------|----------|-----------------|
| | Weekly | Biweekly | Weekly | Biweekly | |
| Individual Face to Face on Site | | | | | |
| Seminars | | | | | |
| Group Supervision | | | | | |
| Apprenticeship Activities | | | | | |
| Others (Specify) | | | | | |

| | | |
|--|-----|----|
| Do you have any reservations about the applicant's professional competence, professional conduct, or moral characters? | Yes | No |
|--|-----|----|

If "yes" to above, please explain (attach additional sheets, if necessary):

Signature _____ Date _____

Supervisor, return this form directly to:
 Ferkauf Graduate School of Psychology
 1165 Morris Park Avenue
 Rousso Building - 1st Floor
 Bronx, NY 10461
 Attention: Psychology Department

Research Project II (RPII): Oral Examination

Based on the student’s oral presentation and response to committee questions, evaluate the student’s level of competency in:

- showing a comprehensive understanding of the literature in their selected research area
- presenting a clear rationale for the present study and hypotheses
- discussing the methodology used, and the strengths and limitations of the methods employed
- presenting study results, the implications of these findings for the field, and limitations of the present findings
- demonstrating an ability to use knowledge gained and critical thinking skills to respond to questions regarding the literature, methodology, results, and interpretation of findings

| | | | | |
|------------|--------------------------|---|--------------------------|-------------------------------|
| | Below Minimal Competence | Achieved Acceptable Level of Competence | High Level of Competence | Very High Level of Competence |
| Circle one | 1 | 2 | 3 | 4 |

Comments (If overall rating is 1, you must document specific reasons for the rating):

Signature of Chair or Committee Member

Date

Printed Name of Chair or Committee Member

Appendix M – EVALUATION OF WRITTEN ASSESSMENT COMPETENCY EXAM



Yeshiva University
FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY

20-- Written Comps Rubric

Student ID#:

Reader:

| | Background Information | Check If Present or N/A if not applicable | Notes/Comments |
|---|--|---|----------------|
| 1 | Reason for referral identifies who referred the client, provides a rationale indicating why an evaluation is being pursued at this time and the outcomes to be achieved. | | |
| 2 | Background section provides a clear, comprehensive review of the family structure, early development, medical and educational history, including strengths and areas of concern. | | |
| 3 | The background includes and reports all critical information accurately (time, events, people, and places). | | |
| 4 | Clinical judgment is exercised regarding the disclosure of sensitive information. | | |
| | Other: | | |

Bold Items: / 1

Unbolded items: / 3

| | | | |
|--|---|----------|--|
| | Cognitive Results: Data Analysis & | Check if | |
|--|---|----------|--|

| | <i>Interpretation</i> | Present or N/A if not applicable | |
|---|---|----------------------------------|--|
| 1 | The FSIQ, GAI and CPI are reported, when appropriate, and according to interpretive guidelines. | | |
| | Only unitary index scores are reported with a descriptive classification in the body of the report. | | |
| | Report identifies and explains which, if any, indices are not unitary. | | |
| | Report accurately identifies statistically significant and unusual and clinically meaningful differences. | | |
| | All cognitive classifications are accurate and based on Sattler’s description of score ranges. | | |
| | Subtest descriptions reflect an awareness of the task demands and the underlying skill being assessed. | | |
| | Discrepant data is explained and the hypotheses offered are logical and inclusive. | | |
| | Discussion integrates behavioral observations and qualitative findings where appropriate. | | |
| | Discussion of findings provides a comprehensive perspective of the child’s cognitive profile and not merely a list of findings. | | |
| | Other: | | |

Bold Items: / 4

Unbolded items: / 5

| | <i>Academic Results: Data Analysis & Interpretation</i> | Check if Present or N/A if not applicable | |
|--|--|---|--|
| | Standardized scores from academic tests are appropriately reported and classified using the terminology consistent with the guidance of the specific author(s). | | |
| | Cautionary guidance is provided regarding broad Overall scores when significant variability is evidenced. | | |
| | Discussion of reading skills is accurate and reflects an understanding of the elements of decoding, fluency and comprehension. | | |
| | Discussion of math skills is accurate and reflects an awareness of calculation skills, automaticity of facts and the ability to solve word problems. | | |

| | | | |
|--|--|--|--|
| | Discussion of writing skills is accurate and reflects an understanding of the elements of spelling, writing fluency, sentence construction and writing mechanics. | | |
| | Interpretations of the data are reasonable and help to explain the individual's functioning. | | |
| | Discussion integrates behavioral observations and qualitative findings where appropriate. | | |
| | Discussion includes linkages to cognitive results | | |
| | Other: | | |

Bold Items: / 5 # Unbolded items: / 3

| | | | |
|--|--|---|--|
| | <i>Visual-Motor Results: Data Analysis & Interpretation</i> | Check if Present or N/A if not applicable | |
| | Accurate scores and classifications are used. | | |
| | Interpretation and discussion reflect the client's functioning and visual-motor integration abilities. | | |
| | Behavioral observations and qualitative findings are included where appropriate. | | |

Bold Items: / 1 # Unbolded items: / 2

| | | | |
|--|--|---|--|
| | <i>Social Emotional: Data Analysis & Interpretation</i> | Check if Present or N/A if not applicable | |
| | Discussion clarifies the sources of the data and makes a clear distinction between standardized rating scales and projective material. | | |
| | Discussion of data from rating scales reflects an understanding of the degree of consistency between the raters and provides a rationale for discrepancies, where they exist. | | |
| | Discussion of rating scales identifies all elevated findings and utilizes the appropriate terminology to denote significant findings. | | |
| | Discussion reflects an awareness that the information reflected in rating scales is based on endorsements. | | |
| | Information from behavioral rating scales is integrated with the findings from direct behavioral observations and interviews. | | |
| | Information is presented in an organized, coherent manner, rather than a list of findings. | | |
| | Projective data is presented with caution given its lack of statistical reliability and the writer | | |

| | | | |
|--|--|--|--|
| | refrains from “overinterpretation.” | | |
| | Projective data accurately reflects the themes evidenced. | | |
| | Social-emotional findings list areas of strength. | | |
| | Report integrates projective and behavioral findings into a cohesive portrayal of the child’s social-emotional well being. | | |
| | Other: | | |

Bold Items: ___ / ___ 5 ___

Unbolded items: ___ / ___ 5 ___

| | <i>Summary and Recommendations</i> | Check if Present or N/A if not applicable | |
|--|---|---|--|
| | Summary provides the essential information regarding the client’s strengths and weaknesses and relevant contributing factors. | | |
| | The summary is not merely a repetition of the test findings from each section of the report. | | |
| | Interpretations of the data are reasonable and offer insight regarding the client’s functioning. | | |
| | The summary leads to a well-supported case conceptualization or diagnostic conclusion grounded in fact. | | |
| | The summary is not overreaching and states information cautiously where appropriate. | | |
| | The summary or conclusion must address the referral question(s). | | |
| | Recommendations must flow logically from the findings highlighted in the summary. | | |
| | Recommendations must be culturally sensitive and realistic for the setting and the individual. | | |
| | Recommendations must be sufficiently detailed and comprehensive; address the identified areas of concern. | | |
| | Summary and Recommendations section must also note areas of strength. | | |

Bold Items: ___ / ___ 3 ___

Unbolded items: ___ / ___ 6 ___

| | <i>Organization and Writing</i> | Check If Present or N/A if not applicable | Notes/Comments |
|--|---|---|----------------|
| | Report is of appropriate length. | | |
| | The organization is logical and meaningful. | | |

| | | | |
|--|---|--|--|
| | Sections should not read as a listing of test findings, but a thoughtful description of the child's skill in each area. | | |
| | The writing is appropriate for a professional and layperson audience, avoiding overuse of jargon. | | |
| | The writing succinct and clear, and uses appropriate grammar and sentence structure. | | |
| | Content is free of typographical errors and misspellings. (No more than two) | | |
| | Appendix scores and descriptive classifications are all accurately reported. | | |

Bold Items: ___ / ___ 4 ___

Unbolded items: ___ / ___ 3 ___

TOTAL: Total # Bold Items: ___ / ___ **Total # Unbolded items:** ___ / ___

CLINICAL JUDGMENT: ___ High Pass ___ Pass ___ Minimal Pass ___ Fail

SCORING CRITERIA: ___ HIGH PASS: ALL BOLDED ITEMS PLUS ___ NONBOLDED ITEMS

___ PASS: ALL BOLDED ITEMS SATISFIED

___ MINIMAL PASS: 1-2 BOLDED ITEMS MISSED AND CLINICAL JUDGMENT

___ FAIL: 3 OR MORE BOLDED ITEMS MISSED AND CLINICAL JUDGMENT

COMMENTS:

Appendix N2 CTRS-CA SCORING SHEET – CBT EVALUATION

Therapist: _____ Supervisor: _____

Date of Rating: _____

Directions: For each time, assess the therapist on a scale from 0 to 6 and record the rating on the line next to the item number. Descriptions are provided for even-numbered scale points. If you believe the therapist falls between two of the descriptors, select the intervening odd number (1, 3, 5).

If the descriptions for a given item occasionally do not seem to apply to the session you are rating, feel free to disregard them and use the more general scale below:

0 1 2 3 4 5 6

Poor -- Barely Adequate -- Mediocre -- Satisfactory -- Good -- Very Good -- Excellent

Please do not leave any item blank. For all items, focus on the skill of the therapist, taking into account how difficult the patient seems to be.

Part I General Clinical Stance Variables

___ 1. COLLABORATION

0 Therapist was not collaborative; he/she was overly prescriptive and directive.

- 2 Therapist attempted to collaborate with the patient but had difficulty jointly determining a problem.
- 4 Therapist collaborated with the patient on the goals, session focus, and methods to produce change. Encouraged the patient to be active and engaged by offering choices.
- 6 Full collaboration and excellent treatment partnership between the patient and therapist. Fully encouraged the patient to be active and engaged by offering choices.

2. INFORMALITY

- 0 Therapist created a tense, patronizing, stuffy session. Talked down to the patient.
- 2 Therapist attempted to create a relaxed and comfortable atmosphere but tended to be too pushy, teachy, and formal or created an atmosphere that was inappropriately relaxed.
- 4 Therapist created an appropriately relaxed and comfortable atmosphere. Communicated enjoyment and appreciation for the patient's perspective using verbal and nonverbal cues.
Appropriately minimized the power differential in the room. Set limits in an authoritative yet warm manner.
- 6 Therapist fully created an appropriately relaxed and comfortable atmosphere. Visibly enjoyed and appreciated the patient's perspective and appropriately minimized power differentials. Respects the patient's perspective. Competently sets limits in an authoritative and warm manner

3. PLAYFULNESS

- 0 Therapist was not playful. Therapist appeared overly stiff and distant.
- 2 Therapist attempted to be appropriately playful and fun when indicated but had difficulty fully embracing this stance. Therapist appeared visibly worried about looking silly or foolish (e.g. hesitant to talk in funny voices, difficulty engaging in games with patient, refrained from play). Or therapist was too playful with patient (e.g. focusing on the play/game rather than the purpose of the intervention).
- 4 Therapist was somewhat appropriately playful and fun with the patient when indicated, smiled and laughed frequently and at appropriate moments. Therapist was willing to get down on the floor if indicated to play with materials and engage in games.
- 6 Therapist fully embraced appropriately playful and fun attitude with the patient when indicated. Therapist smiled and laughed often and transitioned easily to floor play when indicated. No apparent fears of seeming silly or fun.

4. CREDIBILITY

- 0 Therapist did not appear credible with either patient or family. Seemed confused, lacking appropriate confidence, showed little knowledge of disorders, treatment, and cognitive-behavioral techniques.
- 2 Therapist appeared somewhat credible with both patient and family. Communicated some confidence and knowledge base to child/family. However, seemed to significantly lack confidence and communicated only a surface level of knowledge about disorders, treatment, and cognitive-behavioral techniques to patient and family.
- 4 Therapist seemed credible, communicated appropriate level of clinical confidence to both patient and family but struggled with occasional use of complex language, minor difficulty expressing theoretical concepts/diagnostic information, or included certain components of treatment that were not patient-specific.
- 6 Therapist demonstrated excellent credibility with both patient and family. Communicated optimal level of clinical confidence to patient and family, communicated optimal level of knowledge of disorders, treatment, and cognitive-behavioral techniques to patient and family. Explanations were free from jargon and individually tailored.

5. PACING AND PUSHING

- 0 Therapist pressured the patient to talk or made no attempts to structure the session.
- 2 Session seemed to have direction but therapist either pressured/rushed the patient too much or was too non-directive. Session was inefficient.
- 4 Session marked by a good balance between providing direction/structure and creating a relaxed atmosphere that did not hurry the patient. Session had treatment momentum but could be improved with greater focus and content.
- 6 Session marked by treatment momentum. Excellent balance between providing direction/structure and creating a relaxed milieu.

6. INTERPERSONAL EFFECTIVENESS AND EMPATHIC COMMUNICATION

- 0 Therapist demonstrated poor interpersonal skills. Seemed hostile, demeaning, and cold. Attempts at communicating understanding seemed stilted, rehearsed and/or scripted.

- 2 Therapist seemed insincere. Communication of empathy limited to superficial paraphrasing or parroting. Neglect of the subtleties of patient's experience.
- 4 Therapist demonstrated adequate levels of warmth and satisfactorily grasped the patient's internal experience. Adequate evidence of therapist's ability to communicate this understanding in a jargon free, developmentally appropriate manner. Some responsiveness to verbal and non-verbal nuances.
- 6 Therapist demonstrated optimal levels of warmth and fully grasped the patient's internal experience. Excellent ability to communicate understanding in a jargon free and developmentally appropriate manner. Excellent responsiveness to non-verbal and verbal nuances.

Part II Session Structure

1. AGENDA

- 0 Therapist did not set agenda.
- 2 Therapist set agenda that was vague or incomplete.
- 4 Therapist worked with patient to set a mutually satisfactory agenda that included specific target problems (e.g. anxiety at school, difficulty with peers).
- 6 Therapist worked with patient to set an appropriate agenda with target problems, suitable for the available time. Established priorities and then followed agenda.

2. FEEDBACK

- 0 Therapist did not ask for feedback to determine patient's understanding of, or response to, the session.
- 2 Therapist elicited some feedback from the patient, but did not ask enough questions to be sure the patient understood the therapist's line of reasoning during the session or to ascertain whether the patient was satisfied with the session.
- 4 Therapist asked enough questions to be sure that the patient understood the therapist's line of reasoning throughout the session and to determine the patient's reactions to the session. The therapist adjusted his/her behavior in response to the feedback, when appropriate.
- 6 Therapist was especially adept at eliciting and responding to verbal and non-verbal feedback throughout the session (e.g. elicited reaction to session, regularly checked for understanding, helped summarize main points at end of session).

3. HOMEWORK

- 0 Therapist did not attempt to incorporate homework relevant to cognitive therapy.
- 2 Therapist had significant difficulties incorporating homework (e.g. did not review previous homework, did not explain homework in sufficient detail, assigned inappropriate homework).
- 4 Therapist reviewed previous homework and assigned "standard" cognitive therapy homework generally relevant to issues dealt with in session. Homework was explained in sufficient detail.
- 6 Therapist reviewed previous homework and carefully assigned homework drawn from cognitive therapy for the coming week. Assignment seemed "custom tailored" to help patient incorporate new perspectives, test hypotheses, experiment with new behaviors discussed during session, etc

Part III Strategies for Change

1. GUIDED DISCOVERY

- 0 Therapist relied primarily on debate, persuasion, or "lecturing." Therapist seemed to be "cross-examining" patient, putting the patient on the defensive, or forcing his/her point of view on the patient.
- 2 Therapist relied too heavily on persuasion and debate, rather than guided discovery. However, therapist's style was supportive enough that patient did not seem to feel attacked or defensive.
- 4 Therapist, for the most part, helped patient see new perspective through guided discovery (e.g. examining evidence, considering alternatives, weighing advantages and disadvantages) rather than through debate. Used questioning appropriately.
- 6 Therapist was especially adept at using guided discovery during the session to explore problems and help patient draw his/her own conclusions. Achieved an excellent balance between skillful questioning and other nodes of intervention.

2. FOCUSING ON KEY COGNITIONS AND/OR BEHAVIORS

- 0 Therapist did not attempt to elicit or identify specific thoughts, assumptions, images, meanings, or behaviors.
- 2 Therapist used appropriate techniques to elicit cognitions or behaviors; however, therapist had difficulty finding a

focus or focused on cognitions/behaviors that were irrelevant to the patient's key problems.

- 4 Therapist focused on specific cognitions or behaviors relevant to the target problem. However, therapist could have focused on more central cognitions or behaviors that offered greater promise for progress.
- 6 Therapist very skillfully focused on key thoughts, assumptions, behaviors, etc. that were most relevant to the problem area and offered considerable promise for progress.

3. STRATEGY FOR CHANGE & CASE CONCEPTUALIZATION (Note: for this item, focus on the quality of the therapist's strategy for change and application of case conceptualization, not whether change actually occurred.)

- 0 Therapist did not select cognitive-behavioral techniques guided by a cohesive case conceptualization, but rather appeared to respond to patient distress in a disjointed manner.
- 2 Therapist selected cognitive-behavioral techniques; however, either the overall strategy for bringing about change seemed vague or did not seem promising in helping the patient.
- 4 Therapist seemed to have a generally coherent case conceptualization that showed reasonable promise evidenced by a strategy for change that incorporated cognitive-behavioral techniques.
- 6 Therapist followed a consistent case conceptualization that seemed very promising and incorporated a strategy for change utilizing the most appropriate cognitive-behavioral techniques.

4. APPLICATION OF COGNITIVE-BEHAVIORAL TECHNIQUES (Note: for this item, focus on how skillfully the techniques were applied, not on whether change occurred)

- 0 Therapist did not apply any cognitive-behavioral techniques.
- 2 Therapist used cognitive-behavioral techniques, but there were significant flaws or deficits in the way they were applied.
- 4 Therapist applied cognitive-behavioral technique with moderate skill.
- 6 Therapist very skillfully and resourcefully employed cognitive-behavioral techniques.

Scoring:

The CTRS-CA is rated on a 7 point scale ranging from 0-6. A score of 6 should be reserved for EXPERT level. 4 is the expected score for COMPETENT CBT practice and most skillful CBT therapists will most likely achieve this level.

- 0- Therapist behavior indicating skill in this domain is ABSENT or NEARLY ABSENT as defined in the item anchors and manual. Many major and minor flaws in implementation are evident. ^{L}_{SEP}
- 1- Therapist behavior indicating skill in this domain is MINIMALLY PRESENT as defined in the item anchors and manual. Minor and major flaws in implementation are obvious. ^{L}_{SEP}
- 2- Therapist behavior indicating skill level in this domain is INCONSISTENTLY APPLIED and/or CONSISTENTLY BELOW A BASIC LEVEL of practice defined by the item anchors and manual. Several minor and major flaws in implementation are obvious. ^{L}_{SEP}
- 3- Therapist behavior indicating skill at a BASIC level. The behaviors defined in the item anchors and the manual are applied more often than not and with moderate proficiency. Several minor flaws and some major flaws in implementation are evident. ^{L}_{SEP}
- 4- Therapist behavior indicating skill at a COMPETENT level. The behaviors defined in the item anchors and the manual are applied quite frequently and with very good proficiency. Only a few minor or major falwss in implementation are evident ^{L}_{SEP}
- 5- Therapist behavior indicating skill at EXCELLENT level of COMPETENCY. No major flaws and only some minor flaws in implementation are evident. ^{L}_{SEP}
- 6- Therapist behavior indicating skill at an EXPERT level. The behaviors defined in the item anchors and the manual are completely present throughout the session and applied with EXCEPTIONAL COMPETENCY.

Nearly flawless work in session. [L]
[SEP]

Appendix O – SELF-EVALUATION

I. PROFESSIONAL SKILLS

Column A: For ALL STUDENTS IN PROGRAM

Please rate your current level of knowledge, skills, and attitudes using this scale.

na= No opportunity

1 = Not competent - has not shown improvement

2 = Showing improvement; but problems persist

3 = Competent for current level of training

4 = More than competent

5 = Highly competent

Column B: FOR 2nd,3rd,4th,5th YEAR and ABD STUDENTS

For each item below, compare your current level of knowledge, skills and attitude to the level you believe you were at last year at this time.

In Column B, enter a rating of:

1=No improvement from last year

2=Minimal improvement from last year

3=Satisfactory improvement from last year

4=Significant improvement from last year

5=Highly significant improvement from last year.

| | Current | Comparison to last year |
|--|---------|-------------------------|
| Academic Performance (demonstrates knowledge of specific content areas and the relationship of science to practice) | | |
| Administration, Scoring and interpretation of psychological and psychoeducational instruments: (highest score requires: can apply concepts of typical atypical behavior to case formulation and in the context of stages of human development and diversity) | | |
| Data Collection (Interviews, intakes, establish rapport, record review) | | |
| Communication skills (active listening, communicate effectively; communicates clearly using verbal, non-verbal, written skills in a professional context) | | |
| Writing skills (report writing, provide pragmatic and related recommendations; clarity, use of APA style for academic papers) | | |
| Intervention skills (develop treatment plans using a consistent theoretical orientation with specified goals, apply treatment strategies;prepared for sessions,evaluating progress;provides effective treatment, manage termination, establish alliance) | | |
| Adherence to ethical and professional standards (demonstrates knowledge of APA Ethical Principles and Code of Conduct; knowledge of Federal/state laws; mandatory reporting; ethical decision making to practice; integrates own moral principles/values) | | |

Competence in regard to cultural, ethnic and individual differences (applies knowledge, sensitivity and understanding regarding indiv. and cultural diversity issues to work effectively with diverse others; applies knowledge of self as a cultural being)

Response to supervision (openness to observations and recommendations; prepared for supervision; incorporates feedback into practice; has basic knowledge of supervision models)

Research (demonstrates skills and habits in seeking, applying and evaluating theoretical & research knowledge relevant to the practice of psychology; knowledge of application of scientific methods to evaluating practices, interventions and programs; consumer of research)

Completion of assignments in a timely manner (consistently punctual, reliable and fulfills assignments)

Interpersonal & collaborative skills(participates effectively in class,team meetings & multidisciplinary assignments;forms & maintains productive & respectful relations with clients, peers, supervisors and other professional;handles conflict well)

Self-reflective practice(displays self-awareness; self-monitors, self-assessment of competence; awareness and attitude towards need for self-care)

Realistic sense of strengths and challenges (recognizes limits of knowledge, skill and self)

Emotional Maturity (Social competence, openness to new ideas; non-defensiveness; manages boundaries)

Professionalism (displays emerging professional identity, integrity, deportment, accountability, reliable, dependable, willingness to consider alternatives)

Knowing how the system works (works effectively with other professionals; understands the culture of the system; promotes change at the individual and systems levels)

Evidence-based Practice (knowledge of empirical bases of assessment; linkage of assessment to treatment; effective use of EBI)

Build client-therapist alliance

Consultation:(demonstrates knowledge of consultant's role;ability to select appropriate means of assessment to answer referral question; responds to consultation requests & provides feedback in timely manner; assesses needs of others)

Supervising others

Overall rating

Did the student perform at a satisfactory level of competence?

Are there specific skill sets or competencies that you feel this student needs to address?

Does the student have specific strengths that you wish to highlight?

Please provide any further evaluative information that you feel would be helpful.

Appendix Q REQUEST FOR REASONABLE ACCOMMODATIONS

Students who have documented disabilities or medical conditions may be eligible for accommodations. Students who are seeking accommodations should review the guidelines listed on the Ferkauf Process Handout, and then complete the form below and return it to the Office of the Dean, attention Dean Michael Gill.

Name: _____

Date: __/__/__

Please check the relevant category and then specify the nature of your disability on the line provided:

Learning: _____

Hearing: _____

Speech: _____

Visual: _____

Mobility: _____

Other: _____

What specific accommodation(s) are you requesting?

Please attach all relevant documentation. Requests for accommodations will not be reviewed until supporting documentation is submitted.

~~-----For University Office of Student Services only-----~~

Further documentation is required: _____

The following accommodation has been approved: _____

Disability Services Official: _____ Date: __/__/__

Approved Accommodations Signatures

Student Signature

Program Director Signature

Professor's Signature

Course

____/____/____
Date

Appendix R_{ext} EXTERNSHIP PLAN

EXTERNSHIP PLAN

This Plan is a statement of mutual agreement between Yeshiva University’s School-Clinical Child Psychology Program and (supervisor’s name) _____ who is employed by (name of facility) _____ regarding (name of Intern) _____’s externship experiences.

It is understood the Extern is enrolled in the School-Clinical Child Psychology Program at Yeshiva University and must complete an Externship as part of her/his degree requirements. This Externship experience will include a minimum of _____ hours for the year. It will commence on _____ and end on _____

The Extern’s responsibilities are described in this document and need to be respected within the framework of the employment setting. This designation (“Extern”) must also appear in all correspondence between the Program and the supervisor.

1. The externship is designed to provide the Intern with a sequence of experiences designed to enhance professional attitudes, responsibility, communication skills, critical judgment and technical skill.
2. The externship provides training in a range of assessment and intervention activities conducted with and for children and youth or adults needing psychological or psychoeducational services.
3. The externship agency employs a designated licensed psychologist who is responsible for the integrity and quality of the externship experience.
4. A licensed psychologist should provide supervision. The supervisor should be a staff member of the agency or an affiliate of that agency or a designated person from the faculty who is responsible for Externship experiences.
5. The Supervisor, together with the extern, will develop an experience that both broadens and expands on the activities that the student was involved with in the past.
6. The student will have the title of “Extern” on all correspondence between the training program and the site
7. The Externship includes an average of at least one hour per week of regularly scheduled formal, face-to-face individual supervision with the specific intent of dealing with school/clinical psychological services rendered directly by the Extern.
8. In addition to individual supervision, there is an additional average of at least one hour per week in scheduled learning activities such as: case conferences, seminars, in service training, etc. These activities may be in conjunction with other professionals.
9. The Externship supervisor evaluates the student twice a year on issues of knowledge, skills and attitudes.
10. Supervision and education will account for at least 10% of the Intern’s time. Some of the activities may occur at times other than the regular workday.
11. The intern may spend up to 25% of the time in research activity.

(Condensed and modified from the Council of Directors of School Psychology Programs Guidelines for Doctoral Internships in School Psychology)

Please indicate whether the Intern will be engaged in the following activities during the 2019-20 academic years.

| | 2019-20 |
|--|----------------|
| Alcohol and drug treatment | |
| Assessment w. preschoolers | |
| Assessment with children/adolescents | |
| Assessment with adults | |
| Attend workshops/ rounds, case conferences | |
| Classroom management | |
| Conduct In-Service training | |
| Conduct workshops, present at case conferences | |
| Consultation/Liaison work | |
| Crisis intervention | |
| CSE/CBST meetings | |
| Dyadic intervention | |
| Educational Planning | |

| | |
|--|--|
| Family treatment | |
| File reviews | |
| Group treatment/ Counseling | |
| Individual Treatment/Counseling | |
| With children | |
| With adolescents | |
| With adults | |
| Inpatient work | |
| Interviewing/ Intakes | |
| Neuropsych assessment | |
| Observation | |
| Outpatient work | |
| Peer mediation | |
| Pre-K screening | |
| Psychopharmacological Issues | |
| Remediation | |
| Report writing | |
| Research | |
| Social skills training | |
| LIVE Supervision received (Live, audio or video) | |
| Supervision to others | |
| Other activities | |
| | |
| TOTAL # of HOURS /WEEK – on average | |

Describe the population with whom the Intern will be working: (Age range, ethnicity, SES):
Describe the Intern’s responsibilities (Use other side of page)

By signing this document I am agreeing to the conditions being proposed.
Student’s Name and SIGNATURE _____
Name of Placement and address _____

Supervisor’s Name and SIGNATURE _____
Telephone # _____
Supervisor’s Email Address _____

Appendix R_{int}: INTERNSHIP PLAN

To be completed for students who are interning at non-APA-accredited Internships.

INTERNSHIP PLAN

This Plan is a statement of mutual agreement between Yeshiva University’s School-Clinical Child Psychology Program and (supervisor’s name) _____ who is employed by (name of facility) _____ regarding (name of Intern) _____’s Internship experiences.

It is understood the Intern is enrolled in the School-Clinical Child Psychology Program at Yeshiva University and must complete an Internship as part of her/his degree requirements. This Internship experience will include a minimum of 1500 -1750 hours for the year. It will commence on _____ and end on _____

The Intern’s responsibilities are described in this document and need to be respected within the framework of the employment setting. This designation (“Intern”) must also appear in all correspondence between the Program and the supervisor.

1. The Internship is designed to provide the Intern with a sequence of experiences designed to enhance professional attitudes, responsibility, communication skills, critical judgment and technical skill.

2. The Internship provides training in a range of assessment and intervention activities conducted with and for children and youth or adults needing psychological or psychoeducational services.
3. The Internship agency employs a designated licensed psychologist who is responsible for the integrity and quality of the Internship experience.
4. A licensed psychologist should provide supervision. The supervisor should be a staff member of the agency or an affiliate of that agency or a designated person from the faculty who is responsible for Internship experiences.
5. The Supervisor, together with the Intern, will develop an experience that both broadens and expands on the activities that the student was involved with in the past.
6. The student will have the title of “Intern” on all correspondence between the training program and the site
7. **Interns receive at least 4 hours of supervision per week. One or more doctoral level psychologists, who are appropriately trained and licensed, are involved in ongoing supervisory relationships with an intern and have primary professional responsibility for the cases on which supervision is provided. The supervisor(s) must conduct a total of at least 2 hours per week of individual supervision with the intern during the course of the year.**
8. **Supervisory hours beyond the 2 hours of individual supervision must be consistent with the definition of supervision in the glossary, and must be supervised by health care professionals who are appropriately credentialed for their role/contribution to the program.** These interactive experiences can be in a group or individual format.
9. Interns should have access to consultation and supervision during times they are providing clinical services.
10. The doctoral-level licensed psychologist supervisors maintain overall responsibility for all supervision, including oversight and integration of supervision provided by other professionals.
11. In addition to individual supervision, there is an additional average two hours per week of other supervised experiences. These activities may be in conjunction with other professionals.
12. The Internship supervisor evaluates the student twice a year on issues of knowledge, skills and attitudes.
13. Supervision and education will account for at least 10% of the Intern’s time. Some of the activities may occur at times other than the regular workday.
14. The intern may spend up to 25% of the time in research activity.

(Condensed and modified from the Council of Directors of School Psychology Programs Guidelines for Doctoral Internships in School Psychology and the American Psychological Association’s Standards of Accreditation)

Please indicate whether the Intern will be engaged in the following activities during the 2019-20 academic years.

| | 2019-20 |
|--|----------------|
| Alcohol and drug treatment | |
| Assessment w. preschoolers | |
| Assessment with children/adolescents | |
| Assessment with adults | |
| Attend workshops/ rounds, case conferences | |
| Classroom management | |
| Conduct In-Service training | |
| Conduct workshops, present at case conferences | |
| Consultation/Liaison work | |
| Crisis intervention | |
| CSE/CBST meetings | |
| Dyadic intervention | |
| Educational Planning | |
| Family treatment | |
| File reviews | |
| Group treatment/ Counseling | |
| Individual Treatment/Counseling | |
| With children | |
| With adolescents | |
| With adults | |
| Inpatient work | |
| Interviewing/ Intakes | |
| Neuropsych assessment | |
| Observation | |

| | |
|--|--|
| Outpatient work | |
| Peer mediation | |
| Pre-K screening | |
| Psychopharmacological Issues | |
| Remediation | |
| Report writing | |
| Research | |
| Social skills training | |
| LIVE Supervision received (Live, audio or video) | |
| Supervision to others | |
| Other activities | |
| | |
| TOTAL # of HOURS /WEEK – on average | |

Describe the population with whom the Intern will be working: (Age range, ethnicity, SES):
 Describe the Intern’s responsibilities (Use other side of page)

By signing this document I am agreeing to the conditions being proposed.
 Student’s Name and SIGNATURE _____
 Name of Placement and address _____

 Supervisor’s Name and SIGNATURE _____
 Telephone # _____
 Supervisor’s Email Address _____

Appendix S MS EN ROUTE REQUIREMENTS

SCHOOL-CLINICAL CHILD PSYCHOLOGY

Program Checklist

Required Courses (62 credits)

- ___ PSS 6131 Cognitive Assessment I
- ___ PSS 6199 Integrating Gender and Race into Multiculturalism
- ___ PSS 6801 Professional & Ethical Issues in School-Clinical Child Psychology
- ___ PSA 6515 Lifespan Development
- ___ PSA 6601 History & Systems in Psychology
- ___ PSS 6399 Biological Bases of Behavior
- ___ PSS 6400 Neurodevelopmental Disorders
- ___ PSS 6132 Psychoeducational Assessment
- ___ PSC 6472 Cognitive & Affective Bases of Behavior
- ___ PSS 6153 Personality Appraisal
- ___ PSA 6280 Statistics I
- ___ PSS 6814 Adult Psychopathology
- ___ PSS 6221 Consultation and Supervision
- ___ PSS 6222 Consultation based Intervention
- ___ PSS 6610 Introduction to Child Therapy
- ___ PSS 6621 Evidence Based Intervention for Youth I
- ___ PSS 6449 Evidence Based Intervention for Youth II
- ___ PSS 6191 Child Assessment w/ Practicum I
- ___ PSS 6192 Child Assessment w/ Practicum II
- ___ PSS 6250 Developmental Psychopathology
- ___ PSS 8943A School-Clinical Externship I

____ PSS 8944A School-Clinical Externship II

First and Second Year Competency Examinations

Internship of at least 500 hours

A minimum of 600 hours is needed for School Psychology Certification in addition to completion of the third year in program and Externships III and IV

Appendix T CLASS PARTICIPATION GRADING RUBRIC I

Adapted from Chapnick, A. (2005). A Participation Rubric. *The Teaching Professor*, 19(3), 4-5.

A+

Actively supports, engages and listens to instructor and peers.*

(**Did not* use the internet/work on other assignments during lecture, discussion, and presentations.)

Arrives fully prepared at *every* session with *all* assigned readings completed.

Plays an active role in discussions (Comments *consistently* advance the level and depth of the dialogue).

Group dynamic and level of discussion are *consistently* better because of your presence.

No absences during the semester, *consistently* on time to class.

A

Actively supports, engages and listens to instructor and peers.*

(**Rarely* used the internet/worked on other assignments during lecture, discussion, and presentations.)

Arrives fully prepared at *almost* every session.

Plays an active role in discussions (Comments *occasionally* advance the level and depth of dialogue).

Group dynamic and level of discussion are *often* better because of your presence.

1-2 excused absences during the semester and *consistently* on time to class.

B

Makes a sincere effort to interact with instructor and peers.*

(**Occasionally* used the internet/worked on other assignments during lecture, discussion, and presentations.)

Arrives *mostly*, if not fully, prepared at every session.

Participates constructively in discussions (Makes relevant comments based on the assigned readings).

Group dynamic and level of discussion are *occasionally* better (never worse) because of your presence.

1-2 excused absences during the semester and *occasionally* late to class.

C

Limited interaction with instructor and peers.*

(**Frequently* used the internet/worked on other assignments during lecture, discussion, and presentations.)

Preparation and therefore level of participation are both inconsistent.

When prepared, participates constructively in discussions (Makes relevant comments based on the assigned readings).

Group dynamic and level of discussion are not affected by your presence.

More than 2 absences during the semester and/or *frequently* late to class.

F

Virtually no interaction with instructor and peers.*

(*Used the internet/worked on other assignments during lecture, discussion, and presentations in *every session*).

Rarely prepared and rarely participates.

Comments are generally vague or drawn from outside of assigned readings.

Demonstrates a noticeable lack of interest on occasion.

Group dynamic and level of discussion are harmed by your presence.

More than 2 absences during the semester and/or *typically* late to class.

| | |
|-----------------------------|---|
| <p>A+</p> <p>(100 pts)</p> | <ul style="list-style-type: none"> ● Attends 100% of class meetings and arrives on time ● Demonstrates ongoing very active involvement ● Actively engages and listens ● Arrives fully prepared at every session ● Comments advance the level and depth of dialogue and are related to readings and other material ● Frequently offers interpretations and analysis of the readings (more than just facts) to class ● Group dynamic and level of discussion are consistently better because of the student's presence |
| <p>A</p> <p>(90-99 pts)</p> | <ul style="list-style-type: none"> ● Attends 100% of class meetings or misses only one class meeting ● Demonstrates consistent ongoing involvement ● Actively engages and listens ● Arrives fully prepared at almost every session |

| | |
|------------------|---|
| | <ul style="list-style-type: none"> ● Comments occasionally advance the level and depth of dialogue and are related to readings and other material ● Often offers interpretations and analysis of the readings (more than just facts) to class. ● Group dynamic and level of discussion are often better because of the student's presence |
| B (80-89 pts) | <ul style="list-style-type: none"> ● Attends 100% of class meetings or misses up to two class meetings ● Demonstrates sporadic ongoing involvement ● Attempts to engage and listen ● Arrives mostly, if not fully, prepared ● Makes relevant comments based on the assigned material ● Offers straightforward information without elaboration or very infrequently ● Occasionally offers interpretations and analysis of the readings (more than just facts) to class. ● Group dynamic and level of discussion are occasionally better (never worse) because of the student's presence |
| C (70-79 pts) | <ul style="list-style-type: none"> ● Attends 100% of class meetings or misses up to three class meetings ● Demonstrates infrequent involvement ● Rarely attempts to engage – OR - sometimes appears to not be listening ● Preparation, and therefore level of participation, are inconsistent ● When prepared, participates constructively in discussions and makes relevant comments based on the assigned material ● Does not volunteer to participate, but contributes to a moderate degree when called on ● Group dynamic and level of discussion are not affected by the student's presence |
| D (60-69 pts) | <ul style="list-style-type: none"> ● Attends 100% of class meetings or misses up to three class meetings ● Demonstrates virtually no active involvement ● Does not attempt to engage – OR - appears to not be listening or has been observed sleeping in class at times ● Rarely participates or is rarely prepared ● Comments are generally vague or drawn from outside/unrelated material ● Demonstrates notable lack of interest (on occasion) ● Group dynamic and level of discussion are not affected by student's presence |
| F (<60 pts) | <ul style="list-style-type: none"> ● Attends 100% of class meetings or misses more than three class meetings ● Demonstrates no involvement ● Does not engage, appears to not be listening, or has been observed sleeping in class ● Never participates or is never prepared ● Demonstrates notable lack of interest ● Group dynamic and level of discussion are hindered by student's presence ● Present and sometimes disruptive |

Points will be AUTOMATICALLY deducted for the following behaviors:

- Any cell phone usage
 - Inappropriate computer use
 - Sleeping in class
 - Missing more than two classes
 - Arriving late to class on a regular basis
 - Lack of active participation in class discussion
 - Interrupting the instructor or other students
 - Inappropriate talking during class (for example, while instructor is lecturing or other students are speaking)
-

Appendix U – ATTIRE STATEMENT

- We so often think that issues related to cultural competence focus on race, ethnicity, language, religion, class, country of origin, etc. As a student you are continually required to be knowledgeable, sensitive and responsive to these issues. Another area of cultural competence that does not get as much attention is the "culture of treatment." As students, you sit in class, interact with peers and faculty and work with clients in varied settings. Each situation has its own set of explicit and implicit rules and expectations. When speaking of the "culture of treatment" we need to be knowledgeable of, and sensitive to, what the client brings to treatment and what you, as student-therapists, bring into treatment. One explicit set of rules deals with attire.

- While we are all subjected to messages from the "culture of fashion" industry and are often influenced by it; the Program wants to emphasize that you are to always act and dress professionally. We understand that there are formal and informal dress codes that reflect context and culture. We witness significant changes in student attire throughout the year. For example, during externship and internship interview processes, student attire is dramatically different and reflects clearly stated demand characteristics. We understand that attire makes a statement about one's self. Nonetheless, dress protocols during the rest of the year should be professionally casual - especially when working with clients.

- It is incumbent on students to be conscious of how their attire may affect a client. Ethnic and religious groups, and groups identified by age or class will often set implicit and explicit rules about their own attire. As a professional, you certainly will make note of such issues when working with a client, and interpret the information in your conceptualizations of treatment. Similarly, you must be aware of your own manner of dress and its potential influence on your clients. This is especially pointed when working with pre-teen and teen-age boys and girls. While we do not want to impose strict guidelines on how you dress when conducting treatment, you must certainly be aware that your attire can impact your clients. It is the Program's policy that when seeing clients, students must dress in a professionally casual manner that "covers up." A faculty member may request that a student leave the building should the student's attire not be considered appropriate.

- Please make every effort to follow this policy. It is a reflection of your professionalism.

Appendix V: E-MAIL ETIQUETTE

Email is a popular and quick way to communicate with others you will encounter throughout your training and professional career. The advantages are obvious: email is immediate and easy. However, these advantages make it easy to end up leaving a bad impression or causing a miscommunication with a contact, employer or faculty member. Because emails are ubiquitous and often written quickly, they can also lead to unprofessional communications. Every email interaction provides information about you, and gives the reader an opportunity to form an opinion.

You should take care to use the following guidelines to help you craft emails that you send in the context of your graduate training. The New York Times article linked here also gives several examples.

(http://www.nytimes.com/2006/02/21/education/21professors.html?pagewanted=1&_r=2&)

Email guidelines

- All messages should have a concise and descriptive subject line. The purpose of the subject line is to alert the reader as to the content of the message.
- Begin with a salutation. For example, if you are emailing a professor, it would be appropriate to begin your email with “Dear Dr. Smith” or “Professor Smith.” If you typically call Dr. Smith “Pat,” then go ahead and begin the email with “Pat.” If you are unsure of how to address a professor, “Professor Smith” or Dr. Smith” is the best default choice.
- Be thoughtful about tone. Without the contextual cues provided by in-person tone of voice and facial expressions, it is easy to be misunderstood, so you need to be especially mindful of how requests or feedback are communicated. It is important to communicate a respectful request rather than an expected demand (“would you be willing” vs. “I need you to” or “Send me”).
- Use traditional rules of grammar, spelling and punctuation in your message. Use spell check but also remember to proofread the message yourself, as spell check won’t catch everything. Misspellings and grammatical mistakes make you appear careless and unprofessional.
- Avoid abbreviations associated with texting. Even if you are sending a message from your phone, take the time to write out full words, or wait until you are at a computer to send an email.
- If you are making a request or asking a question, make sure you communicate the steps you have already taken on your own to resolve a problem or answer a question. Because emails are quick and easy, students sometimes ask questions of professors or other contacts before taking initiative. Take that initiative first (e.g., check the reading, ask a peer, reread the take home exam question, etc.). Consider what the question is revealing about you—does it suggest that you have not investigated the matter on your own, or cannot tolerate uncertainty?
- Close your message with a signature. Be certain that you have included your full name if it is someone you are less familiar with (full name for a professor of a big class, first name for research advisee or supervisor) and, if appropriate, some context as to the nature of your relationship with that individual.
- Before you send, double check to make sure you are replying only to whom it is necessary (Do not “reply to all” if all parties need not be included). Also check it over to make sure you are not including any confidential or sensitive information that you would not want read aloud or shared with others.
- **Reply to emails in a timely fashion. Most people expect that you will reply within one business day.** This means you need to make it a habit to check your email account(s) on a daily basis. If the person emails you back and provides help or information, you should respond to say thank you.
- **Do not treat email as if you were texting.** Try not to engage in short back and forth conversations on email, unless you have consent to do so.
- **Avoid sending an email when emotional.** You can draft an email, but do not send it when you are not calm. Feeling emotional or experiencing conflict can make emailing a message tempting, but your emotions may cloud your judgment and create larger problems. Draft your message and return to it when you feel better regulated. It can be a good idea to run your email by someone else outside the situation before sending if it is related to an emotionally laden issue. Face to face communication is preferable in these situations if possible.
- **Only a guide.** Use these tips as a guide. Avoid being formulaic in how you write emails so that you seem robotic or

odd. Be genuine and aware of your communication. Use email as a chance to practice your clinical skills. Use the examples for inspiration, but there are many ways to abide by these tips without treating email like a form letter communication.

Appendix W: YESHIVA UNIVERSITY POLICY ON DRUGS AND ALCOHOL

To All Students and Employees of Yeshiva University:

Federal law requires that institutions of higher education promulgate and annually distribute standards of conduct prohibiting the unlawful possession, use, or distribution of illicit drugs and alcohol at any of their facilities or in connection with any of their activities by their students and by their faculty, staff, and others on their payroll (collectively, “employees”). The law also requires that each institution provide various related information more fully described below as part of their program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.

Yeshiva University's Standards of Conduct on Illicit Drugs and Alcohol are outlined below in Section I. Information on University sanctions for violation of these standards is also outlined in Section I. Information on criminal sanctions for the illegal possession, use or distribution of illicit drugs and alcohol is outlined in Section II. Information on the health risks associated with the use of illicit drugs and the abuse of alcohol is outlined in Section III. Information on available counseling is outlined in Section IV. We urge your careful attention to this important information.

Every employee must abide by these Standards of Conduct as a condition of employment. Additionally, every employee must notify in writing the University’s Office of the General Counsel and Human Resources Department of his or her conviction for violation of a criminal drug statute that occurred in the workplace within five (5) calendar days after such conviction. As required by law, within ten (10) calendar days after receiving such notification, the University will report such conviction in writing to the appropriate governmental agencies. Further, as required by law, within thirty (30) calendar days after receiving such notification, the University will take appropriate personnel action against the employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended, or require the employee to participate satisfactorily in an approved drug abuse assistance or rehabilitation program.

EXECUTIVE SUMMARY

The following is a brief summary of this Drug and Alcohol Policy. Please read the full Drug and Alcohol Policy for more details.

The unlawful possession, manufacture, dispersing, use, or distribution of illicit drugs at any University facility or in connection with any University activity is prohibited.

Being under the influence of illicit drugs during working hours, or when classes are in session, or while engaged in any University activity is prohibited.

Persons under the age of 21 years are prohibited from possessing or consuming any alcoholic beverage at any University facility or in connection with any University activity.

Undergraduate students, regardless of age, are prohibited from possessing or consuming alcoholic beverages at any University facility or in connection with any University activity.

All students are prohibited from being under the influence of alcohol while engaged in any University activity.

Employees are prohibited from being under the influence of alcohol during working hours or while engaged in any University activity.

Except for a limited exception, employees are prohibited from bringing alcoholic beverages into, or consuming alcoholic beverages in, any University facility or bringing/consuming alcoholic beverages in connection with any University activity.

Violators of the Policy will be disciplined, up to and including expulsion or termination from the University.

STANDARDS OF CONDUCT

The following are Yeshiva University's Standards of Conduct on Illicit Drugs and Alcohol for students and employees. Any action the University may take under this Drug and Alcohol Policy will be consistent with The Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973. In addition, please also see the Student Alcohol and Drug Use Amnesty Policy which provides for amnesty under certain circumstances to encourage the reporting of domestic violence, dating violence, stalking, or sexual assault.

A. Standard of Conduct on Illicit Drugs

The unlawful possession, manufacture, dispersing, use, or distribution of illicit drugs at any facility of the University (including housing provided by or on behalf of the University) or in connection with any activity sponsored by, or under the control or supervision of, the University (or a University organization) (whether the event is held at the University or not) is prohibited and shall subject the student or employee to appropriate disciplinary action by the University. In addition, being under the influence of illicit drugs (other than lawfully prescribed drugs) during working hours or when classes are in session or while engaged in activities sponsored by, or under the control or supervision of, the University (or a University organization) (whether the event is held at the University or not) also is prohibited and shall subject the student or employee to appropriate disciplinary action by the University. Employees taking any prescription medication that may affect their ability to work should notify (without disclosing the specific medication or condition for which it has been prescribed) the University's Benefits Office, which will in turn notify the employee's supervisor regarding any potential accommodations that may be necessary.

Any disciplinary action shall be taken in accordance with applicable disciplinary procedures. In the case of students, any such disciplinary action may include suspension, dismissal or expulsion from University housing and/or the University, and also may include satisfactory participation in a drug abuse assistance or rehabilitation program. In the case of employees, disciplinary action, up to and including suspension or termination of employment from the University, shall be taken. Any such disciplinary action also may include satisfactory participation in a drug abuse assistance or rehabilitation program. Employees must be responsible to avail themselves of such assistance, to follow the treatment recommended, and to recognize that simply seeking such assistance does not constitute compliance with the University's policies or job performance expectations. The University may also refer the incident for criminal prosecution by appropriate governmental authorities. Criminal sanctions for the unlawful possession, use, or distribution of illicit drugs are discussed in Section II. Any disciplinary action imposed by the University is independent of, and in addition to, any penalty imposed in connection with a criminal conviction.

B. Standard of Conduct on Alcohol

1. Persons under the age of 21 years are prohibited from possessing or consuming any alcoholic beverage at any facility of the University (including housing provided by or on behalf of the University) or in connection with any activity sponsored by, or under the control or supervision of, the University (or a University organization) (whether the event is held at the University or not). It is the policy of the University to prohibit the serving of alcoholic beverages to persons who cannot establish that they are 21 years of age or older.

2. Undergraduate students, regardless of age, are prohibited from possessing or consuming alcoholic beverages at any facility of the University (including housing provided by or on behalf of the University) or in

connection with any activity sponsored by, or under the control or supervision of, the University (or a University organization) (whether the event is held at the University or not).

3. All students, including undergraduate, graduate and professional students, are prohibited from being under the influence of alcohol while engaged in academic, professional or other activities sponsored by, or under the control or supervision of, the University (or a University organization) (whether the event is held at the University or not). All students, regardless of age, also are subject to any further applicable restrictions of their individual schools or residence facilities concerning alcoholic beverages.

4. Employees are prohibited from being under the influence of alcohol during working hours or while engaged in activities sponsored by, or under the control or supervision of, the University (or a University organization) (whether the event is held at the University or not). Employees are also prohibited from bringing alcoholic beverages into, or consuming alcoholic beverages in, any facility of the University (including housing provided by or on behalf of the University) or bringing/consuming alcoholic beverages in connection with any activity sponsored by, or under the control or supervision of, the University (or a University organization) (whether the event is held at the University or not). A limited exception exists only in regard to the reasonable consumption of alcoholic beverages by an employee (who is 21 years of age or older) at any activity sponsored by, or under the control or supervision of, the University (or a University organization) where alcoholic beverages are being appropriately served and to which the employee is expressly invited (but in no event shall the employee consume to the point of intoxication).

Upon finding evidence of a violation of the “Standard of Conduct on Alcohol”, the University will take appropriate disciplinary action in accordance with applicable disciplinary procedures. In the case of students, such disciplinary action may include suspension, dismissal or expulsion from University housing and/or the University, and also may include satisfactory participation in an alcohol assistance or rehabilitation program. In the case of employees, disciplinary action, up to and including suspension or termination of employment from the University, shall be taken. Any such disciplinary action also may include satisfactory participation in a drug abuse assistance or rehabilitation program. Employees must be responsible to avail themselves of such assistance, to follow the treatment recommended, and to recognize that simply seeking such assistance does not constitute compliance with the University’s policies or job performance expectations. The University may also refer the incident for criminal prosecution by appropriate governmental authorities. Criminal penalties and sanctions for the misuse of alcoholic beverages are discussed in Section II. Any disciplinary action imposed by the University is independent of, and in addition to, any penalty imposed in connection with a criminal conviction.

II. INFORMATION ON LEGAL SANCTIONS

The information contained herein on legal sanctions is not to be considered legal advice or guaranteed to be a comprehensive inventory of all laws regarding illicit drugs and alcohol. It is the user’s responsibility to check applicable laws. Students and employees traveling abroad as part of a University program also should familiarize themselves with the laws and policies of the location to which they are traveling.

A. Legal Sanctions for Illicit Drugs

The possession, use, or distribution of illicit drugs, depending on the nature of the crime, may result in severe penalties, including fines and imprisonment, which may be for life.

Certain federal penalties and sanctions for the illegal possession of a controlled substance and a description of federal trafficking (i.e., distribution) penalties for substances covered by the Federal Controlled Substances Act are set forth in Appendix A. More information can be found on the U.S. Department of Justice – Drug Enforcement Administration website at www.dea.gov/druginfo/ftp3.shtml.

The laws of New York City and New York State also provide sanctions for the unlawful possession or distribution of illicit drugs. For more information, see:

- New York Penal Law Article 220 (controlled substances)
<http://ypdcrime.com/penal.law/article220.htm>
- New York Penal Law Article 221 (marijuana)
<http://ypdcrime.com/penal.law/article221.htm>
- New York Penal Law Article 120 (vehicular assault, sections 120.03-04.)
<http://ypdcrime.com/penal.law/article120.htm>
- Driving Under the Influence and Driving While Intoxicated
<http://dmv.ny.gov/org/tickets/penalties-alcohol-or-drug-related-violations>
- New York City Administrative Code -- Public Safety
<http://72.45.128.254/nycnew/ACTitle10.aspx>

B. Legal Sanctions for Alcohol

Criminal penalties and sanctions also may result from the misuse of alcoholic beverages. For example, under New York State Law:

1. No person under the age of 21 may possess an alcoholic beverage with the intent to consume it. The penalties for possession of an alcoholic beverage with the intent to consume it include a fine not exceeding \$50, completion of an alcohol awareness program, and/or community service not to exceed 30 hours.

2. It is a violation of New York law for a person under 21 years of age to present written evidence of age which is false, fraudulent or not his or her own, for the purpose of purchasing or attempting to purchase any alcoholic beverage. Such conduct is subject to payment of a fine of, depending on the number of prior violations, between \$50 and \$750, community service, or both, and completion of an alcohol awareness program or evaluation to determine whether the person suffers from alcoholism or alcohol abuse.

3. Using a false or fraudulent written instrument officially issued or created by a public office or governmental instrumentality (e.g., a driver's license) to procure alcohol is also a crime. The penalties include imprisonment of up to 7 years and a monetary fine.

4. It is unlawful to drive while intoxicated (i.e., blood alcohol content of .08 and higher) or while one's ability to operate the vehicle is impaired by alcohol or other drugs. The penalties for driving while intoxicated or impaired may be found on the New York State Department of Motor Vehicles website at <http://dmv.ny.gov/org/tickets/penalties-alcohol-or-drug-related-violations>.

In addition, New York City law prohibits consumption of an alcoholic beverage or possession with intent to drink an open container containing an alcoholic beverage in any public place except where a permit has been obtained. The possible penalty is a \$25 fine or imprisonment of up to 5 days, or both.

These are only examples of the penalties that can be assessed against an individual for the unlawful possession, use, and distribution of alcoholic beverages and illicit drugs. It is the University's policy to discourage violations of Federal, State, and City laws by its students and employees, and the University will assist in the prosecution by the relevant governmental authorities by cooperating fully with such authorities.

III. HEALTH RISKS ASSOCIATED WITH ILLICIT DRUG AND ALCOHOL USE

A. Health Risks of Illicit Drugs

In general, most illicit drugs can produce one or more of the following reactions: headache, nausea, dizziness, anxiety, damage to organs, addiction and, in extreme cases, death. Interactions between drugs and alcohol can be especially extreme. The use of illicit drugs also can result in asocial or violent behaviors and can negatively impact one's personal development, schoolwork and or performance.

A summary of the health risks associated with the use of illicit drugs is set forth in Appendix B. More information can be found on the U.S. Department of Justice – Drug Enforcement Administration website at www.dea.gov/druginfo/factsheets.shtml.

B. Health Risks of Alcohol Abuse

The following is a summary derived from governmental studies of the health risks of alcohol.

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spousal and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

More information can be found on the National Council on Alcoholism and Drug Dependence's website at <https://ncadd.org/about-addiction/alcohol>.

IV. COUNSELING AND OTHER RESOURCES

Detoxification, outpatient and inpatient rehabilitation, and reentry programs are available in New York City and elsewhere.

Persons concerned about substance abuse or alcohol problems are invited to call these numbers listed below for information, confidential referrals and assistance. These are just a sampling of assistance available throughout New York City.

Hotline Numbers

| | |
|--|--------------|
| Alcoholic Anonymous | 212-647-1680 |
| Al-Anon | 212-941-0094 |
| Narcotics Anonymous | 212-929-6262 |
| Nar-Anon | 800-477-6291 |
| Alcohol and Substance Abuse Hotline | 800-522-5353 |
| Substance Abuse and Mental Health Services | 800-662-HELP |

Montefiore Medical Center operates a substance abuse treatment center whose focus is the treatment of opioid dependence (narcotics addiction) through the methadone maintenance modality. For more information, call 718-409-9450 between the hours of 9:00 a.m. and 5:00 p.m.

Employees in need of assistance or support pertaining to drug or alcohol abuse may also contact the Human Resources Department at 646-592-4335 or ComPsych (Employee Assistance Program (EAP) Provider) at [www.https://www.guidanceresources.com](https://www.guidanceresources.com). If applicable, employees may also contact the 1199SEIU Member Assistance Program at 646-473-6900.

Students in need of assistance regarding drug and alcohol problems may be able to obtain confidential counseling, a referral for counseling or a referral to appropriate outside agencies through appropriate University offices, such as:

- | | | |
|---|----------------------------|--------------|
| 1. Student Counseling Services | Beren & Brookdale Campuses | 646-592-4210 |
| 2. Student Counseling Services | Wilf Campus | 646-592-4200 |
| 3. Office of Academic Support & Counseling (OASC) | Einstein Campus | 718-430-3154 |

The University strongly encourages students and employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem. The health and safety of every student and employee is of utmost importance to the University, and seeking help for a drug and/or alcohol problem will not automatically result in the University taking action under this Drug and Alcohol Policy.

V. CONCLUSION

Yeshiva University, as a matter of institutional policy and as required by law, is committed to the prevention of the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees.

In that regard, in each even-numbered year (e.g., 2016, 2018, etc.), the University will conduct a biennial review of its program to:

1. Determine its effectiveness and implement changes to the program if needed;
2. Determine the number of drug and alcohol-related violations and fatalities that occur on the University's campus (as "campus" is defined by the federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act and as utilized by the University for purposes of its annual security report) or as part of any activity sponsored by, or under the control or supervision of, the University and that are reported to campus officials;
3. Determine the number and type of disciplinary sanctions that are imposed by the University under this Drug and Alcohol Policy; and
4. Ensure that the disciplinary sanctions described in this Drug and Alcohol Policy are consistently enforced.

The University shall, upon request, make available to the U.S. Department of Education and to the public the results of the biennial review in the form of a written report, which shall be completed in the year that the review is conducted. The report shall describe the research methods and data analysis tools that were used in the assessment and shall identify the responsible University official(s) who conducted the review. In addition, the report shall be approved by the University's president and/or the University's Board of Trustees.

If you have any questions regarding this Drug and Alcohol Policy or require assistance related to the provisions of this Drug and Alcohol Policy, please call the Office of the General Counsel at 646-592-4400.

Related Policies -- Alcohol Policy for Graduate Student Events and Student Alcohol and Drug Use Amnesty Policy (<http://yu.edu/student-life/resources-and-services/standards-policies/>)

APPENDIX

Federal Penalties and Sanctions for the Illegal Possession of Controlled Substances

21 U.S.C. 844

First conviction: Up to 1 year imprisonment and fine of at least \$1,000 or both.

After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years, and fined at least \$2,500. After 2 or more prior convictions: At least 90 days in prison, not to exceed 3 years, and fined at least \$5,000.

21 U.S.C. 853 and 881

Forfeiture of personal and real property used to possess or to facilitate possession of a Controlled Substance if that offense is punishable by more than 1 year imprisonment.

21 U.S.C. 881

Forfeiture of vehicles, boats, aircraft, or any other conveyance used to transport or conceal a Controlled Substance.

21 U.S.C. 844

Civil fine of the reasonable costs of the investigation and prosecution of the offense.

21 U.S.C. 862

Ineligible to receive federal benefits, such as student loans, grants, Plans, and professional and commercial licenses, up to 1 year for first offense and up to 5 years for subsequent offenses.

18 U.S.C. 922

Ineligible to receive or purchase a firearm or ammunition.

Miscellaneous

Revocation of certain federal licenses and benefits, e.g., pilot licenses, public housing tenancy, is vested within the authorities of individual federal agencies.

In addition, drug offenses at or near educational institutions carry enhanced penalties. Distribution of a controlled substance in, on, or within 1,000 feet of real property comprising a school, college, or university may subject the violator to twice the usual maximum punishment otherwise authorized by law.

Drugs and Federal Aid

In addition to these provisions, the Higher Education Amendments of 1998 provide that, effective July 1, 2000, a student is ineligible for federal student aid if convicted, under federal or state law, of any offense involving the possession or sale of a Controlled Substance (generally meaning illegal drugs, but not including alcohol or tobacco). The period of ineligibility begins on the date of the conviction and lasts until the end of the statutorily specified period. The student may regain eligibility early by completing a drug rehabilitation program that meets certain statutory and regulatory requirements (including 2 unannounced drug tests), or if the conviction is overturned.

NOTE: These are only Federal penalties and sanctions. Additional City and State penalties and sanctions may apply.

Federal Trafficking Penalties for Schedules I, II, III, IV, and V (except Marijuana)

| Schedule | Substance/Quantity | Penalty | Substance/Quantity | Penalty |
|--|--|--|---|---|
| II | Cocaine 500-4999 grams mixture | First Offense: Not less than 5 yrs. and not more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual. | Cocaine 5 kilograms or more mixture | First Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Not less than 20 yrs., and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. 2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. |
| II | Cocaine Base 28-279 grams mixture | | Cocaine Base 280 grams or more mixture | |
| IV | Fentanyl 40-399 grams mixture | | Fentanyl 400 grams or more mixture | |
| I | Fentanyl Analogue 10-99 gram | | Fentanyl Analogue 100 grams or more mixture | |
| I | Heroin 100-999 grams mixture | | Heroin 1 kilogram or more mixture | |
| I | LSD 1-9 grams mixture | | LSD 10 grams or more mixture | |
| II | Methamphetamine 5-49 grams pure or 50-499 grams mixture | | Methamphetamine 50 grams or more pure or 500 grams or more mixture | |
| II | PCP 10-99 grams pure or 100-999 grams mixture | PCP 100 grams or more pure or 1 kilogram or more mixture | | |
| Substance/Quantity | | Penalty | | |
| Any Amount Of Other Schedule I & II Substances | | First Offense: Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than Life. Fine \$1 million if an individual, \$5 million if not an individual. | | |
| Any Drug Product Containing Gamma Hydroxybutyric Acid | | Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual. | | |
| Flunitrazepam (Schedule IV) 1 Gram | | | | |
| Any Amount Of Other Schedule III Drugs | | First Offense: Not more than 10 yrs. If death or serious bodily injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual. | | |
| Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam) | | First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual. | | |
| Any Amount Of All Schedule V Drugs | | First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual. Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual. | | |

Federal Trafficking Penalties for Marijuana, Hashish and Hashish Oil, Schedule I Substances

| | |
|---|---|
| <p>Marijuana 1,000 kilograms or more marijuana mixture or 1,000 or more marijuana plants</p> | <p>First Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.</p> <p>Second Offense: Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.</p> |
| <p>Marijuana 100 to 999 kilograms marijuana mixture or 100 to 999 marijuana plants</p> | <p>First Offense: Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.</p> <p>Second Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50million if other than an individual.</p> |
| <p>Marijuana 50 to 99 kilograms marijuana mixture,</p> | <p>First Offense: Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.</p> <p>Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual.</p> |
| <p>Hashish More than 10 kilograms</p> | |
| <p>Hashish Oil More than 1 kilogram</p> | |
| <p>Marijuana less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight) 1 to 49 marijuana plants</p> <p>Hashish 10 kilograms or less</p> <p>Hashish Oil 1 kilogram or less</p> | <p>First Offense: Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.</p> |

Statement of Understanding - 2019

I _____ have RECEIVED THE
Print Name

THE SCHOOL-CLINICAL CHILD PSYCHOLOGY PROGRAM's STUDENT HANDBOOK and have read the Code of Ethics. I understand that the Handbook contains important information about my Program, including policies, procedures, requirements, timelines, courses, faculty, evaluations, student life, due processes, issues related to my professional development and more. I understand that it is my responsibility to be knowledgeable of all the information in the Handbook.

(Revised SEPTEMBER 2019)

Your signature